The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Karingmore**

Provider: **Karingmore Homes Ltd**

Date of Inspection: **2 December 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:	Karingmore Homes Ltd
Responsible Individual:	Mrs Mary Theresa Hamill
Registered Manager:	Mrs Mary Theresa Hamill
Service Profile – This home is a registered residential care home, which provides residential care for up to 16 residents, or for residents living with dementia. The home is divided over two floors with bedrooms and communal bathrooms on the first floor, and lounges, a dining room, communal bathrooms and bedrooms on the ground floor. There is a communal garden and seating for residents use.	

2.0 Inspection summary

An unannounced inspection took place on 2 December 2025, between 10.25 am and 3.30 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 26 September 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.

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 four areas for improvement were assessed as having been addressed by the provider. One area 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 the care, the staff are first class!" and, "The staff are brilliant!" 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, "I love it here, there is plenty of choice." Another resident said," The staff are brilliant, there is plenty of activities and the food is great."

A relative commented on how, "I have no concerns over the care, the staff are brilliant!"

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.

Two completed questionnaires from residents all indicated high levels of satisfaction with the care and services provided in the home.

One completed questionnaire from a relative commented positively on the care provided in the home, and a negative comment around management in the home. This was passed back to the manager for her attention.

Six completed responses to the staff survey were received following the inspection indicating high degrees of satisfaction with the management, and the care delivery 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 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.

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, 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.

The importance of engaging with residents was well understood by the manager and staff. Staff were doing exercises, and reading poems with residents on the morning of the inspection.

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 quizzes, religious activities and arts and crafts.

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 and regularly reviewed. Review of identified care plans highlighted lacked specific detail around management of catheter care and wound care, and did not make reference to the impact of a keypad door in relation to Depravation of Liberty Safeguards (DoLS). An area for improvement was identified.

Commodes were found in identified resident's bedrooms, but the care plans for these residents did not contain detail around the assessed need for commodes. An area for improvement was identified.

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 clean, 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.

A wardrobe in an identified bedroom was not attached to the wall. This was discussed with the manager for her action.

Fire doors into identified bedrooms were not effectively self-closing, and the office door and another fire door was being propped open. This was brought to the staff's attention and the fire doors were closed. An area for improvement was identified.

Personal Protective Equipment (PPE) was being stored in boxes on handrails in the home. It was discussed with the manager the need for these to be stored more appropriately. This will be reviewed at a subsequent inspection.

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 no change in the management of the home since the last inspection. Mrs Mary Theresa Hamill has been the manager in this home since 01 April 2005.

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

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

Residents spoken with said that they knew how to report any concerns or complaints 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	2*	2

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Mary Hamill, 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 Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** With immediate effect (11 April 2024)	The responsible individual shall review the management of warfarin to ensure that a care plan is in place to direct staff and that written confirmation of the regime is obtained from the prescriber or the phone call is signed as witnessed by two trained members of staff. 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.
Area for improvement 2 **Ref:** Regulation 27(4)(b) **Stated:** First time **To be completed by:** 2 December 2025	The registered person shall ensure that fire doors in the home effectively self-close, and the practice of wedging open fire doors must cease immediately. Ref: 3.3.4
	Response by registered person detailing the actions taken: The practice of wedging fire doors open has ceased and the fire doors effectively self-close following contractor inspection.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 **Ref:** Standard 6.6 **Stated:** First time **To be completed by:** 2 December 2025	The registered person shall ensure care plans are kept up to date and reflects residents' current needs. This is stated in relation to : • The management of catheter care. • The management of wound care. • The impact of a locked keypad on DOL safeguards. Ref: 3.3.3
	Response by registered person detailing the actions taken: The care plans have been updated and are reflective of resident's current needs.
Area for improvement 2 **Ref:** Standard 6.6 **Stated:** First time **To be completed by:**	The registered person shall ensure care plans are kept up to date and reflects residents' current needs. This is stated in relation to the assessed need for a commode to be kept in resident's bedrooms. Ref: 3.3.3

2 December 2025	**Response by registered person detailing the actions taken:** The care plans have been updated in relation to assessed need for commode in bedrooms.

Please ensure this document is completed in full and returned via the Web Portal

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority

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