The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Mullaghcarn Care Centre

Provider: East Eden Ltd

Date of Inspection: 11 November 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:	East Eden Ltd
Responsible Individual:	Dr Una McDonald
Registered Manager:	Mr Emmanuel Akwetey – acting capacity
Service Profile – This home is a registered nursing home, which provides nursing care for up to 20 patients. Accommodation is on a ground floor level. There is a range of communal areas throughout the home and patients have access to enclosed outdoor areas.	

2.0 Inspection summary

This unannounced inspection took place on 11 November 2025, from 8.50am to 4pm. The inspection was conducted by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to patients and 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 patients and the staff were knowledgeable and trained to deliver safe and effective care.

Patients were complimentary about the care and the services provided and said that staff were kind and attentive. Patients were seen to be comfortable, content and at ease in their environment and interactions with staff.

Three areas of improvement were made as a result of this inspection. Full details of these areas for improvement, 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 said that they felt well cared for and that staff were kind and attentive, that they enjoyed the meals and the facilities and services provided for. One patient said; "They (the staff) are switched on, I feel safe here. It is better than anywhere I have lived. I sleep very well."

One patient raised a concern about excessive noise from music played in a neighbouring bedroom. This is to be dealt with via the complaints procedure.

Two patients who were unable to articulate their views, appeared comfortable, content and at ease in their interactions with staff and their environment.

Staff said they were happy with their roles and duties, that there was good team working and morale and they received good training and managerial support. Staff said that they felt the standard of care provided in the home was very good.

One visitor said that they felt it was a lovely environment and seen staff to be kind and caring.

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, regular supervision and appraisal 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.

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 patients' needs were met by the number and skills of the staff on duty. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

There was an effective system in place to manage the registration of nursing staff with the Nursing & Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC).

3.3.2 Quality of Life and Care Delivery

Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences. Staff have received training on a range of patients' assessed care needs and conditions. An area of improvement was made for staff training to include Parkinson's Disease.

Staff interactions with patients were polite, friendly and supportive.

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

Patients were seen to be comfortable and at ease in their interactions with staff. Staff were seen to be prompt in dealing with any signs of distress with patients, in a positive manner.

Examination of care records and discussion with the staff confirmed that the risk of falling and falls were managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy.

At times some patients may require the use of equipment that could be considered restrictive such as fall alarm mats and / or bedrails. Use of such practices were reviewed and maintained on an up-to-date basis.

Good nutrition and a positive dining experience are important to the health and social well-being of patients. Patients may need a range of support with their meal, including simple encouragement through to full assistance and their diets modified as assessed. Staff assistance and support was organised and unhurried. The dinner time meal was appetising, wholesome and nicely presented.

A varied programme of individual activities and events was in place for patients to avail of and enjoy.

3.3.3 Management of Care Records

The manager would undertake a preadmission assessment to ensure the needs of the potential patient can be safely met in the home. Following the initial assessment care plans are developed to direct staff on how to meet patients' needs and will include 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.

Progress records were well written with issues of assessed need having a recorded statement of care / treatment given and effect of same.

An area of improvement was made to review the accessibility and security of care records.

3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and well maintained. Patients' bedrooms were comfortable, personalised and nicely facilitated. Communal areas were decorated to a good standard, suitably furnished and comfortable.

Bathrooms and toilets were clean and hygienic.

The grounds of the home were well maintained with good accessibility for patients to avail of.

The home's most recent fire safety assessment was dated November 2024. Corresponding evidence was recorded of the actions taken with regard to the recommendations made from this assessment.

Fire safety training, safety drills and safety checks in the environment were maintained on an up-to-date basis.

Cleaning chemicals were stored safely and securely.

Observations of care practices and review of records confirmed appropriate protocols were in place with infection prevention and control, including staff training in this area.

3.3.5 Quality of Management Systems

There is a defined management team as detailed in the home's Statement of Purpose. This team were readily available for assistance throughout this inspection. Mr Emmanuel Akwetey is the recently appointed acting manager of the home. Staff spoke positively about the managerial support, saying that they would have no hesitation in reporting issues of concern and felt these would be dealt with appropriately.

Discussions with the home's management team confirmed the expressions of dissatisfaction and complaint were taken serious and were seen as a platform to drive improvement. An area of improvement was made to manage, through the complaints procedure, the issue raised by an identified patient in respect of the excessive loud music played in a neighbouring bedroom.

There was evidence of auditing across various aspects of care and services provided by the home, such as environmental audits, care records, and falls and accidents.

There was a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified to all relevant stakeholders.

The home was visited each month by a representative of the Responsible Individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

4.0 Quality Improvement Plan/Areas for Improvement

Three 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	1	2

The three areas for improvement and details of the Quality Improvement Plan were discussed with Mr Emmanuel Akwetey, 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 Nursing Homes Regulations (Northern Ireland) 2005

Area for improvement 1 **Ref:** Regulation 24 (3) **Stated:** First time **To be completed by:** 18 November 2025	The Registered Person will ensure that the issue raised by an identified patient in respect of the excessive loud music played in a neighbouring bedroom is managed through the complaints process. Ref: 3.3.5
	Response by registered person detailing the actions taken: The Registered Person confirms that the concern raised by an identified patient in relation to excessive noise from a neighbouring bedroom was appropriately reviewed and managed in accordance with the service's complaints management procedures. The matter was addressed promptly, and appropriate measures were implemented to minimise the risk of reoccurrence.

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)

Area for improvement 1 **Ref:** Standard 39 (4) **Stated:** First time **To be completed by:** 11 December 2025	The Registered Person shall ensure staff receive training on Parkinson's Disease. Ref: 3.3.2
	Response by registered person detailing the actions taken: The Registered Person confirms that all staff have received training on Parkinson's Disease. Training completion is documented, and the programme will be reviewed annually to ensure it remains up to date. Additionally, Parkinson's Disease training will be made mandatory to all future staff to support the delivery of safe and effective care.

Area for improvement 2 **Ref:** Standard 37 (1) **Stated:** First time **To be completed by:** 12 November 2025	The Registered Person shall review the accessibility and security of care records to ensure they are stored securely. Ref: 3.3.3
	Response by registered person detailing the actions taken: The Registered Person confirms that the accessibility and security of care records have been reviewed to ensure they are stored securely and accessed in accordance with the service's policies and information governance requirements and GDPR Regulations. Staff have been reminded of their responsibilities regarding record management through guidance and supervision. Regular monitoring / spot-checks have been implemented to provide assurance that care records remain secure and that any issues are promptly addressed.

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