The Regulation and Quality Improvement Authority

Inspection Report

Name of Service:	**Our Lady's Care Home**
Provider:	**Macklin Care Homes Ltd**
Date of Inspection:	**25 November 2025 9.50am to 4.40pm** **26 November 2025 9.40am to 3.30pm**

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:	Macklin Care Homes Ltd
Responsible Individual:	Mr Brian Macklin
Registered Manager:	Mr Frank Mudie - not registered

Service Profile –

This home is a registered Residential Care Home which provides residential care for up to 33 residents with dementia, mental health needs, or alcohol dependency. Residents have access to a garden area with seating areas. There are three units, Glen, Anderson and Galway units.

The home is located within the same building as the existing Our Lady's Home Nursing Home, which is registered separately (RQIA ref. 1277).

2.0 Inspection summary

An unannounced inspection took place on 25 November 2025, from 9.50am and 4.40pm and on the 26 November 2025 from 9.40am and 3.30pm 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 February 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 five areas for improvement were assessed as having been addressed by the provider, one was subsumed into regulation. Two 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, "The staff are amazing, this place has saved me", 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, "I have no concerns over the care, the staff are very attentive. I get to see my family regularly, Another resident said," The staff are attentive and there is plenty of choice."

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.

A relative commented on how, "I have no concerns over the care, the staff are excellent and the food is good."

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 response to the staff survey was received with negative comments on care delivery in the home. This was passed back to the manager for his attention.

There was no completed responses to the resident or relative questionnaires.

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.

Review of falls and head injury management within the home, and in discussion with the manager, highlighted that post incident observations were not being recorded on a structured tool. The manger was signposted to the Public Health Agency (PHA), post falls guidance document (June 2025), for guidance on good practice. An area for improvement was identified.

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 lunch menu on display was not reflective of the meal being served on the day of inspection. An area for improvement was identified.

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.

The importance of engaging with residents was well understood by the manager and staff. The morning of the inspection on the 25 November 2025, staff were completing a craft activity with residents, and later on in the morning there was an activity being carried out with residents with a physical activity therapist.

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 arts and crafts, musical activities, quizzes and religious activities.

The activity plan for the week on display for the residents was not up to date, and showed the activity plan from the previous week. Records being kept of the activities residents took part in were not being recorded consistently in care records. Two areas for improvement were identified.

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 care plans identified that more detail was required about the management of diabetes, and to the care to relating to delirium for identified residents. More detail was required in relation to the detail around the Depravation of Liberty (DoL) safeguards that were in place, and to the detail required to direct staff in the one to one supervision for identified residents. Two areas for improvement were 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 manager's office had been moved to a store room. This switching of rooms had been completed without submission of a variation application to RQIA. An area for improvement was identified.

A malodour was evident in two identified bedrooms in the home, and in the corridors outside them. An area for improvement was subsumed into Regulation.

The home was clean, tidy and well maintained. Bedrooms and communal areas were suitably furnished, warm and comfortable. The need for the home to complete an environmental dementia audit, to make the environment more personalised and supportive for residents living with dementia in the Anderson and Glen units was discussed with the manager. An area for improvement was identified.

Items were being stored on the floor in the laundry cupboard in the Anderson unit, which prevented effective cleaning. The manager agreed to address this.

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.

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 Frank Mudie has been the manager in this home since 7 October 2025.

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 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	2	9*

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

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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 32 (1)(h) **Stated:** First time **To be completed by:** 01 December 2025	The registered person shall give notice in writing to the Regulation and Improvement Authority as soon as practicable to do so when the premises of the home are significantly altered or extended. This is stated in relation to the manager's office being moved to the storeroom. Ref: 3.3.4
	Response by registered person detailing the actions taken: A variation has been now submitted in relation to managers office being moved to storeroom.
Area for improvement 2 **Ref:** Regulation 18(2)(j) **Stated:** First time **To be completed by:** 01 February 2026	The Registered Person shall ensure the root cause of the malodour in the identified bedrooms and corridors are investigated, and appropriate action is taken to eliminate the odours. Ref: 3.3.4
	Response by registered person detailing the actions taken: Root cause has been identified and three air sterilisers have been erected,two in the identified bedrooms and in the corridor affected.This has been effective to date and monitoring remains ongoing.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 **Ref:** Standard 31 **Stated:** First time	The registered person shall ensure that obsolete personal medication records are cancelled and archived. Ref 2.0

To be completed by: Immediate and ongoing (30 July 2024)	**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.**
Area for improvement 2 **Ref:** Standard 31 **Stated:** First time **To be completed by:** Immediate and ongoing (30 July 2024)	The registered person shall ensure that the management of thickening agents is reviewed to ensure that records of prescribing and administration include the recommended consistency level. Ref: 2.0
	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.
Area for improvement 3 **Ref**: Standard 21 **Stated:** First time **To be completed by:** 1 December 2025	The registered person shall review and update the home's falls policy in accordance with best practice guidelines. Ref: 3.3.2
	Response by registered person detailing the actions taken: The Homes falls policy has been reviewed and updated in accorance with the Department of Health post falls guidelines for Care Homes.Falls policy can be accessed by all staff.
Area for improvement 4 **Ref:** Standard 12.4 **Stated:** First time **To be completed by:** 25 November 2025	The registered person shall ensure that the daily menu is kept up to date. Ref: 3.3.2
	Response by registered person detailing the actions taken: This is monitored daily by the person in charge through the flash meeting process to ensure that the daily menu reflects the food served.The menu has been reviewed on the TV screen to display the daily menu separately from the weekly menu.
Area for improvement 5 **Ref:** Standard 13.4 **Stated:** First time **To be completed by:** 25 November 2025	The registered person shall ensure that the programme of activities on display for residents is kept up to date. Ref: 3.3.2
	Response by registered person detailing the actions taken: A four week activities shedule is displayed within the Home and the days activity is detailed as a separate display to encourage engagement.

Area for improvement 6 **Ref:** Standard 13.9 **Stated:** First time **To be completed by:** 25 November 2025	The registered person shall ensure that activities provided to residents are recorded consistently. Ref: 3.3.2
	Response by registered person detailing the actions taken: All activity staff have been trained to use the IT system to ensure accurate record keeping for all activities undertaken by residents within the Home.The Company is implementing a new activities audit across the group to monitor compliance.
Area for improvement 7 **Ref:** Standard 6.6 **Stated:** First time **To be completed by:** 25 November 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 diabetes • The management of delirium Ref: 3.3.3
	Response by registered person detailing the actions taken: Care plans have been reviewed to ensure that residents current needs are reflected within the care plan in relation to the management of diabeties and delirium.
Area for improvement 8 **Ref:** Standard 6.6 **Stated:** First time **To be completed by:** 25 November 2025	The registered person shall ensure care plans are kept up to date and reflects residents' current needs. This is stated in relation to : • Care plans for one to one supervision should contain sufficient detail on the specific supervision arrangements to guide staff. • Care plans around DOL safeguards should contain sufficient detail on the DOL, and on its impact on the resident's liberty. Ref: 3.3.3
	Response by registered person detailing the actions taken: Care plans have been reviewed to ensure that residents current needs are reflected within the care plan in relation to the management of one to one specific supervision arrangements as agreed by MDT, and consideration of residents human rights to provide the least restrictive option.
Area for improvement 9 **Ref:** Standard 27 **Stated:** First time **To be completed by:** 01 February 2026	The registered person shall ensure that a dementia audit of the environment is completed on the Anderson and Glen units, to make the environment more personalised and supportive of residents living with dementia. Ref: 3.3.4

	Response by registered person detailing the actions taken: An action plan has identified the need for an environmental best practice for dementia audit.This is currently in progress and and monioring remains ongoing by Registered Manager

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