The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Karuna Home

Provider: The Cedar Foundation

Date of Inspection: 7 October 2025

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

1.0 Service information

Organisation:	The Cedar Foundation
Responsible Individual:	Miss Kelly Louise Devlin
Registered Manager:	Mrs Heather Denise Wright

Service Profile –
This home is a registered residential care home which provides health and social care for up to 10 residents. The home is situated over one floor and includes individual bedrooms, a dining room, communal lounges and bathrooms, a multi-sensory room and an activities room.

2.0 Inspection summary

An unannounced inspection took place on 7 October 2025, between 9.30 am 2.45 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 16 May 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

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.

As a result of this inspection three areas for improvement were assessed as having been addressed by the provider. One area for improvement in relation to medicines management will be reviewed at a future medicines management 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 living in Karuna Home and confirmed that staff were looking after them and that they liked the food. Residents were observed to have friendly interactions with staff.

Staff described the atmosphere in the home as friendly and said they received training for their role. Staff told us there was good team work and they had no concerns about the care in the home.

Questionnaires returned from relatives and residents indicated that they were very satisfied that care was safe, compassionate and well-led. Relatives commented: "the care is of a very high standard".

Discussion with 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.

Residents told us that staff offered choices to residents 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.

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, however, review of the staff duty rota evidenced that the staff covering one to one supervision of residents was not clearly identified. The manager provided assurances that the necessary supervision arrangements were in place and agreed to include this on the staff duty rota going forward.

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.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty.

Review of the system to manage the registration of care staff evidenced that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC).

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. It was positive to note that staff attended 'safety pauses' prior to mealtimes to ensure good communication across the team about changes in residents' needs.

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.

Residents may require special attention to their skin care. These residents were assisted by staff to change their position regularly and care records accurately reflected the residents' assessed needs.

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.

Observation of the lunchtime meal, review of records and discussion with residents, staff and the manager evidenced that there were robust systems in place to manage residents' nutrition and mealtime experience.

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.

The importance of engaging with residents was well understood by the manager and staff. Observation of the planned activity, making Halloween decorations, after lunch, confirmed that staff knew and understood residents' preferences and wishes and helped residents to participate in planned activities or to remain in their bedroom with their chosen activity such as reading, listening to music or waiting for their visitors to come.

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. However; access to assessments, the date of the care records and identification of who had recorded them was not available on the system on the day of inspection. Two areas for improvement were identified.

Residents care records were held confidentially.

Care records were person centred. 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

The home was clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident, such as furniture, posters, jewellery and drawings. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Homely touches such as drinks and snacks were available throughout the day. Artwork undertaken by residents as part of the activity programme was displayed.

Corridors and fire exits were free from clutter and obstruction should the need to evacuate occur and fire extinguishers were easily accessible.
The monthly infection control and environmental audits were completed to monitor the environment and staff practice. Personal protective equipment was readily available throughout the home.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Heather Denise Wright has been the manager in this home since 14 June 2018.

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

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. Advice was provided on the need to document management overview of restrictive practices. The manager agreed to put this in place.

There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment or the quality of services provided by the home.

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	0	3*

* the total number of areas for improvement include one standard which has been carried forward for review at a future medicines management inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Heather Denise Wright, registered 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 Minimum Standards (Dec 2022)	
Area for improvement 1 **Ref:** Standard 31 **Stated:** First time **To be completed by:** 13 June 2025	The Registered Person shall ensure that records of prescribing and administration of thickening agents include the recommended consistency level. Ref: 3.3.1
	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. Ref: 2.0
Area for improvement 2 **Ref:** Standard 22.3 **Stated:** First time **To be completed by:** 8 October 2025	The Registered Person shall ensure records are available for inspection in the home at all times. Ref: 3.3.3
	Response by registered person detailing the actions taken: The registered person will ensure going forward all records are availble for inspection in the home at all times. Due to a technical difficultly with aspirrico on the day of the inspection, manger was unable to access the date the information for the person making entry was completed. This date was checked and was completed at least 5 days prior to admission..
Area for improvement 3 **Ref:** Standard 8.5 **Stated:** First time **To be completed by:** 8 October 2025	The Registered Person shall ensure all records are signed and dated by the person making the entry. Ref: 3.3.3
	Response by registered person detailing the actions taken: The registered person will ensure that records are printed from the Iplanit system, signed by the relevant parties, and then uploaded back into the Iplanit system. This will guarantee that all records are properly signed and dated by the individual making the entry.

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

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