The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Kingsland Care Centre**

Provider: **Ann's Care Homes**

Date of Inspection: **22 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:	Ann's Care Homes
Responsible Individual:	Mrs Charmaine Hamilton
Registered Manager:	Mrs Caron McKay – not registered
Service Profile – This home is a registered nursing home, which provides nursing care for up to 43 patients. The home is over two floors with the patients' bedrooms, communal lounges and dining areas on both floors. Patients also have access to an outside patio area.	

2.0 Inspection summary

An unannounced inspection took place on 22 November 2025, from 10.00 am to 6.10 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 23 January 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Patients were happy to engage with the inspector and share their experiences of living in the home. Patients expressed positive opinions about the home and the care provided. Patients said that staff members were helpful and pleasant in their interactions with them.

Patients who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

While we found care to be delivered in a compassionate manner, a number of areas for improvements were identified to ensure the effectiveness and oversight of certain aspects of the home environment and patient care records.

As a result of this inspection two areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or 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 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 spoken with said they were happy with the care from staff, they said they felt well looked after by the staff who were helpful and friendly. Patients told us; "The staff are very good", "Everyone is so helpful", "The carers couldn't be better, I am very content here", "The staff are wonderful" and "I love it in here".

Staff spoken with said that Kingsland Care Centre was a good place to work and said the teamwork was good. Staff commented positively about their roles, duties and the training provided. The staff also told us about how much they enjoy looking after the patients. The staff described the new manager as supportive and approachable.

Some patients may have difficulty telling us about their experiences. Patients who had communication difficulties looked relaxed in their environment and during interactions with staff. Patients were observed to give non-verbal cues to indicate their wellbeing, such as smiling or hand gestures.

A relative commented positively about the provision of care within the home, the responsiveness of the staff and how they are kept up to date. A further relative described some ongoing issues that the home management team were are aware of.

We did not receive any questionnaire responses from patients or their visitors or any responses from the staff online survey within the timescale specified.

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 patients. There was evidence of robust systems in place to manage staffing.

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

Staff spoken with said there was good teamwork and that they felt supported in their role. Staff also said that, whilst they were kept busy staffing levels were satisfactory.

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 patients.

Patients looked well cared for and were observed having warm and friendly interactions with the staff. Staff were observed to be chatty, friendly and polite to the patients.

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

At times some patients 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 patients and to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly. However, examination of records evidenced that patients were not always repositioned as prescribed in their care plans. An area for improvement was identified.

Examination of care records and discussion with the staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. Review of records confirmed that staff took appropriate action in the event of a fall, for example, they commenced neurological observations and sought medical assistance if required.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients 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 served in the main dining room confirmed that enough staff were present to support patients with their meal and that the food served smelt and looked appetising and nutritious. It was observed that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. The patients commented positively about the food in Kingsland Care Centre.

The importance of engaging with patients was well understood by the manager and staff. A games afternoon was planned in the upstairs lounge. Patients were observed in their bedrooms with their chosen activity such as reading, crafting, watching television or waiting for their visitors to come.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home. The activity schedule was on display in the foyer. It was positive to see that the activities provided were varied, interesting and suited to both groups of patients and individuals. Activities planned for the month of November included pet therapy, live music, spiritual activities, pampering sessions and birthday celebrations.

Patients spoke positively about the activity staff member and the variety of activities provided in the home.

3.3.3 Management of Care Records

Patients' needs should be assessed at the time of their admission to the home. Following this initial assessment, care plans should be developed in a timely manner to direct staff on how to meet the patients' needs. Review of care records for new patients' evidenced that some of their care plans and risk assessments had not been developed or completed in a timely manner. An area for improvement was identified.

A further review of care records for patients requiring assistance with their mobility did not always evidence the specific equipment required to assist the patient with their mobility needs. An area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment

The atmosphere throughout the home was warm, welcoming and friendly. The home was generally clean, tidy and well maintained. Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. The management team advised of an ongoing redecoration plan for some identified areas within the home.

A number of shower chairs were observed unclean despite a label stating they were cleaned the morning of the inspection. An area for improvement was stated for a second time.

Concerns were identified with regards to the management of risks to patients; thickening products were observed unsecured in a dining room and denture cleaning tablets were also seen in a patient's bedroom. These products are a potential risk to patients who may be mobilising around the units or be at risk of choking or ingesting these items. An area for improvement was identified.

Further concerns were identified when an office door was observed held open with boxes and within the office an unlocked filing cabinet contained confidential patient information. This was discussed with the management team and it was identified that the door lock was faulty: this was repaired before the end of the inspection. However, two areas for improvement were identified.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Mrs Caron McKay has been the manager in this home since 13 October 2025.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was 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 and/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	3*	5*

*the total number of areas for improvement includes one standard that have been stated for a second time and one regulation that is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Caroline Handley, Nurse in Charge and Elaine McShane, Regional 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 13 (4) **Stated:** Second time **To be completed by:** 17 December 2024	The Registered Person shall ensure a robust daily monitoring system for the cold storage of medicines is maintained to ensure that the minimum and maximum medicine refrigerator temperatures are recorded, the thermometer is reset every day and medicines are stored in accordance with the manufacturers' instructions. 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 14 (2) (a) **Stated:** First time **To be completed by:** 22 November 2025	The Registered Person shall ensure as far as reasonably practical that all parts of the home to which patients have access are free from hazards to their safety. This is stated with specific reference to the safe storage of thickening agents and denture cleaning tablets. Ref: 3.3.4
	Response by registered person detailing the actions taken: All staff have been reminded about the need to ensuure that thickening agents and denture cleaning tablets are secured. This has been disucvssed with staff at staff meetings handovers and flash meetings. The Home Manager and Deputy Manager continue to check areas within the care home during walkabouts to ensure that thickener and denture tablets are stored securly, and removed back to a locked cupboard after use.
Area for improvement 3 **Ref:** Regulation 27 (4) (c) **Stated:** First time **To be completed by:** 22 November 2025	The Registered Person shall ensure fire doors are not propped open. Ref: 3.3.4
	Response by registered person detailing the actions taken: Staff have all been reminded of the need to ensure fire doors are not wedged open, this has been discussed at flash meetings, handovers and staff meetings. Maintainence personal, the Home Manager Deputy Manager contiue to monitor daily to ensure that fire doors are not proped or wedged open.The Regional Manager also reviews during her walk rounds on her regaultion 29 visit.

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 46 **Stated:** Second time **To be completed by:** 22 November 2025	The Registered Person shall ensure that items and equipment in bathrooms is appropriately stored in order to comply with infection prevention and control policies, procedures and best practice guidance. Ref: 2.0 and 3.3.4
	Response by registered person detailing the actions taken: Staff have been reminded in flash meetings, handovers and staff meetings to ensure that items are not stored within in the bathrooms. This is monitored for complaince by the Deputy Manager and the Home manager during their walk rounds and Infection Control Audits. The Regional Manager also monitors during her visits and regualtion 29 visit.
Area for improvement 2 **Ref:** Standard 23 **Stated:** First time **To be completed by:** 22 November 2025	The Registered Person shall ensure that where a patient requires repositioning this is completed in accordance with their care plan and reflected within supplementary recording charts. Ref: 3.3.2
	Response by registered person detailing the actions taken: Care plans have been reviewed and repositiong frequeency is prescribed. There has been supervisons held with the nursing and the care staff of the importance of ensuring that repositioning is completed within the prescribed timescale in the care plan. Random checks are completed on the repositioning records by the nurse in charge who records this on the shift report. This is also review via spot checks by the Deputy Manager and the Home Manager to ensure complaince.
Area for improvement 3 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 22 November 2025	The Registered Person shall ensure that care plans are in place for any newly admitted patient within the required timeframe. Ref: 3.3.3
	Response by registered person detailing the actions taken: A supervison regarding the importance of documentation has been completed with Nursing staff, this has also been discussed at staff meetings and flash meetings. When a new resident is admitted to the care home the completion of records is monitored by the Home Manager or the Deputy Manager to ensure it is completed within the required time period.
Area for improvement 4 **Ref:** Standard 4 **Stated:** First time	The Registered Person shall ensure care records in relation to patient mobility detail all the assessed equipment required. Ref: 3.3.3

To be completed by: 22 November 2025	**Response by registered person detailing the actions taken:** Mobility care plans have been reviewed and updated to reflect the equipment type of sling and size of slide sheet required. All mobility care plans have been personalised to reflect needs of each individual.This is checked for complaince during care plan audits.
Area for improvement 5 **Ref:** Standard 37 **Stated:** First time **To be completed by:** 22 November 2025	The Registered Person shall ensure that any record in the home which details patient information is securely stored in accordance with the General Data Protection Regulation (GDPR) and best practice guidance and that records are not accessible to visitors to the home. Ref: 3.3.3
	Response by registered person detailing the actions taken: GDPR has been discussed with all staff at recent staff meetings and also during handovers and flash meetings. All staff have been reminded of the importance of ensuring records are stored securly in accordance with GDPR guidelines. This is monitored by the Home Manager and the Deputy Manager to ensure compliance.

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