The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Laganvale Care Home

Provider: Ann's Care Homes

Date of Inspection: 17 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:	Ann's Care Homes
Responsible Individual:	Mrs Charmaine Hamilton
Registered Manager:	Mrs Clare McBride

Service Profile –
The home is a registered nursing home which provides nursing care for up to 72 patients. The home is divided into two units over two floors. The unit on the ground floor provides care for patients living with dementia and the first floor provides general nursing care. Patients have access to communal lounges, dining rooms and a garden space.

2.0 Inspection summary

An unannounced inspection took place on 17 December 2025, between 10.00 am to 5.00 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 8 April 2025.

As a result of this inspection one new area for improvement was identified; four areas for improvement pertaining to medicines management and staff supervision have been carried forward for review at a future 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 patient's, 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 who were able to share their opinions on life in the home said or indicated that they were well looked after. Patients who were less able to share their views were observed to be at ease in the company of staff and to be content in their surroundings.

Staff told us that they were happy working in the home and enjoyed engaging with the patients. They felt that they worked well together and were supported by management to do so.

There were no responses from the staff online survey and we received no questionnaire responses from patients or their visitors.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Staff confirmed they were provided with an induction programme to support them in the tasks associated with their role and duties. Discussion with the management and a review of records evidenced there were systems in place to ensure staff were trained and supported to do their job. Mandatory training was progressing for staff and the manager confirmed that training compliance was kept under review.

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

The previous inspection had identified an area for improvement to ensure staff have recorded individual supervision at least twice a year.

Discussion with the management team confirmed that a system was now in place to ensure staff received regular supervision; a review of topics for staff training and supervision was ongoing. The area for improvement identified at the previous inspection was carried forward for review at a future inspection to allow sufficient time for the improvements to be fully embedded into practice.

3.3.2 Care Delivery and Record Keeping

A nurse assessed patients' needs at the time of their admission to the home. Following this initial assessment, care plans were developed to direct staff on how to meet the patients' needs. Risk assessments and care plans were reviewed regularly to ensure that they remained up to date.

Nurses completed daily progress notes to monitor and evaluate the care delivered to the patients in their care.

All nursing and care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about their patients, especially changes to care, that they needed to assist them in their caring roles.

3.3.3 Quality and Management of Patients' Environment

The home was warm, clean and comfortable, there were no malodours.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records kept.

3.3.4 Quality of Management Systems

There has been no change in management of the home since the last inspection.

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents.

The manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA, however, a review of records evidenced that not all applicable incidents had been notified to RQIA in a timely manner; an area for improvement was identified.

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*	2*

* the total number of areas for improvement includes four which are carried forward for review at a future 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 Nursing Home Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 6 November 2025	The registered person shall ensure that the temperature of medicines refrigerators is maintained between 2^{o}C and 8^{o}C and that corrective action is taken if the temperature is outside of this range. Ref: 3.3.2
	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 13 (4) **Stated:** First time **To be completed by:** 6 November 2025	The registered person shall ensure that robust systems are in place to monitor the expiry dates of medicines to ensure that medicines are not administered after expiry. Ref: 3.3.3
	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 3 **Ref:** Regulation 30 **Stated:** First time **To be completed by:** 17 December 2025	The registered person shall ensure that all accidents and incidents which occur in the home are reported without delay to RQIA in keeping with regulation. Ref: 3.3.4
	Response by registered person detailing the actions taken: The required notification discovered during the inspection, was completed immediately. The Home Manager will continue to monitor all incidents and accidents and ensure notifications are completed within the required timeframe. This will be reviewed during monitoring visits..
Action required to ensure compliance with the Care Standards for Nursing Homes, December 2022	
Area for improvement 1 **Ref:** Standard 18 **Stated:** First time	The registered person shall review the management of medicines prescribed to manage distressed reactions, to ensure safe systems are in place as detailed in the report. Ref: 3.3.1

To be completed by: 6 November 2025	**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 40 **Stated:** First time **To be completed by:** 8 May 2025	The registered person shall ensure staff have recorded individual supervision at least twice a year.
	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 & 3.3.1

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

The Regulation and Quality Improvement Authority

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