The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: City View Court

Provider: Kathryn Homes Ltd

Date of Inspection: 13 January 2026

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:	Kathryn Homes Ltd
Responsible Individual:	Mrs Tracey Anderson
Registered Manager:	Mrs Helene Robinson
Service Profile – This home is a registered nursing home which provides general nursing care and dementia care for up to 40 patients under and over 65 years of age. There are a range of communal areas throughout the home and patients have access to an enclosed garden.	

2.0 Inspection summary

An unannounced inspection took place on 13 January 2026 from 9:35 am to 3:50 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 10 April 2025; 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 patients and that staff were knowledgeable and well trained to deliver safe and effective care.

Patients said that living in the home was a good experience. Patients 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 four areas for improvement were assessed as having been addressed by the provider. One area for improvement has been stated again. 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 told us they were happy with the care and services provided. Comments made included "staff couldn't be any better" and "staff are very good here, the food is brilliant and I've no complaints".

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV.

Patients told us that staff offered choices to patients 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.

Families spoken with told us that they were very happy with the care provided and that there was good communication from staff.

Following the inspection, no response was received from patient/relative or staff questionnaires 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. It was established that safe systems were in place and well managed.

Patients 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. The duty rota did not, on all occasions, reflect the surnames of staff working in the home. An area for improvement was identified.

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

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. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

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.

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.

Examination of care records and discussion with staff confirmed that the risk of falling and falls were well managed.

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.

The dining experience was an opportunity for patients to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. It was clear that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

The importance of engaging with patients was well understood by the manager and staff. Discussion with patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. Patients' needs were met through a range of individual and group activities such as bingo, arts and crafts, puzzles and boccia. Birthdays and annual holidays were celebrated.

3.3.3 Management of Care Records

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans and risk assessments were developed in a timely manner to direct staff on how to meet the patients' needs

Patients care records were held confidentially.

Daily records were kept of how each patient spent their day and the care and support provided by staff. Review of a patient's care records who had recently returned from hospital evidenced that nursing staff had not reviewed these to ensure that they reflected the patients' current care needs. An area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment

The home was tidy and well maintained. For example, patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Observation of the environment identified concerns regarding the management of risks to patients. Food, fluids and toiletries were accessible in a number of bedrooms in the dementia unit. This area for improvement has been stated for a third time.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control which included regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Helene Robinson has been the registered manager for this home since 26 July 2024.

Patients and staff commented positively about the management team and described them as supportive and approachable.

It was clear from the records examined that the management team had processes in place to monitor the quality of care and other services provided to patients.

Patients and their relatives spoken with said that they knew how to report any concerns/complaints and said they were confident that the manager would address their concerns.

Compliments received about the home were kept and shared with the staff team

A record of complaints received was in place. Review of the records evidenced that they lacked detail of all communications with complainants, the result of any investigations and actions taken. This was identified as an area for improvement.

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	1*	3

* the total number of areas for improvement includes one regulation that has been stated for a third time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Helene Robinson, 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 14 (2) (a) **Stated:** Third time **To be completed by:** 13 January 2026	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. Ref: 2.0 & 3.3.4
	Response by registered person detailing the actions taken: Magnetic locks have now been purchased and installed on all bathroom cabinets. Supervision has been completed with all staff on the importance of residents not having access to food, fluids & toiletries.This is monitored during the managers daily walkaround
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 41 **Stated:** First time **To be completed by:** 13 January 2026	The registered person shall ensure that the duty rota includes the surname of all staff members. Ref: 3.3.1
	Response by registered person detailing the actions taken: Registered manager hasensured full names of all staff are documented on all duty rotas. This will be monitored by Regional manager.
Area for improvement 2 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 13 January 2026	The registered person shall ensure that patients' risk assessments and care plans are reviewed upon readmission to the home to ensure that they reflect the current needs of the patient. Ref: 3.3.3
	Response by registered person detailing the actions taken: Registered Manager has completed a supervision with all nurses to ensure that on re-admission to the home from hospital that all care plans and risk assessments are updated as required. This is monitored by the registered manager and will be documented during care plan audits.

Area for improvement 3 **Ref:** Standard 16.11 **Stated:** First time	The registered person shall ensure that complaints records include details of all communications with complainants, the result of any investigations and actions taken. Ref:
To be completed by: 13 January 2026	**Response by registered person detailing the actions taken:** The registered manager is now completing a complaints record log as well as the complaints log tracker even if there are no complaints in the month.

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

The Regulation and Quality Improvement Authority

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