The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Knockmoyle Lodge

Provider: Knockmoyle Lodge Care Facility Ltd

Date of Inspection: 15 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:	Knockmoyle Lodge Care Facility Ltd
Responsible Person:	Mrs Linda Florence Beckett
Registered Manager:	Mrs Sharon Margaret Calhoun

Service Profile –
This home is a registered nursing home which provides nursing care for up to 35 patients who have a dementia. Patients have access to communal living and dining spaces and a well maintained garden area.

2.0 Inspection summary

An announced pre-registration inspection took place on 15 January 2026 from 11.15am to 1.05pm by care inspector and an estates inspector. This was in association with the works contained in variation VA012788 to register a new bedroom and increase the maximum number of patients in the home from 35 to 36.

During the inspection additional significant building works were identified which impeded a fire escape placing patients at risk should they need to be evacuated in the event of a fire. In addition, the provider had not made a variation application to create this new room within the care home.

As a result of this inspection RQIA required the provider to attend a meeting in line with RQIA's enforcement procedures. A Serious Concerns Meeting was held on 22 October 2025. RQIA were satisfied with the assurances from the provider and decided to take no further enforcement action.

One area for improvement, identified at the previous care inspection, was reviewed and assessed as having been addressed. The remaining areas for improvement were not reviewed as part of this inspection and these areas are carried forward for review at the next care inspection.

Approval of the variation application to register the new bedroom will be subject to the satisfactory return of estates documentation requested.

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.

3.2 Inspection findings

3.2.1 Care

RQIA attended the home to inspect a newly created bedroom with a view to registering the room for use by residents. During this inspection, significant concerns were identified in regards to fire safety management in the home. Building work was in progress to create a new storeroom. Two wooden support beams were in place, which significantly impeded the fire escape route. There was a significant drop from the newly created external doorway to the ground; no step or ramp was in place to allow patients to exit the building safely. This placed patients in the home at risk should they need to be evacuated in the event of a fire. The manager informed us that work to create an additional storeroom commenced approximately one month ago. Given the nature of the work completed, it is likely that that fire escape route was compromised on several occasions, for example, during the preparation of the floor and the laying of the concrete.

RQIA were concerned that adequate arrangements for the safe evacuation of patients in the event of a fire whilst works were ongoing was not put in place. The Fire Risk Assessor had not been consulted prior to the work and any impact to fire safety had not been taken into consideration. An application to vary the registration of the home was not submitted to RQIA prior to the building works commencing. This was a missed opportunity in that, RQIA could have offered advice on how to progress the works in a safe manner and advise of the need to consult with the fire risk assessor. This failure to comply with Regulation 32 is concerning given a similar recent occurrence in another of the provider's homes. RQIA wrote to the responsible individual to remind them of their responsibility to operate in compliance with Regulation 32 should they intend to make any changes to the premises.

Following the inspection the manager confirmed the immediate actions that they had taken to make the room fire safe. A detailed action plan was submitted to RQIA prior to the Serious Concerns Meeting identifying actions taken and actions planned to take to prevent a recurrence.

RQIA accepted the plans submitted and the assurances provided and no further enforcement action was taken. A retrospective variation application was submitted to RQIA and, when building works are completed, RQIA will inspect the room for approval for use.

Several uncovered radiators were found to be very hot to the touch which could have the potential of a burn risk should a patient fall against one. This was discussed with the manager and identified as an area for improvement.

The bedroom had been finished to a high standard. Some minor adjustments were required and evidence of completion was shared with RQIA. Once all necessary documentation has been submitted and reviewed by the estates inspector, the room can be approved for use from a care perspective.

3.2.2 Estates

Regarding variation application VA012788, documentation presented during and subsequent to the inspection confirmed that the premises, engineering services and equipment are installed and commissioned in line with relevant legislation, Approved Codes Of Practice and best practice guidance.

The fire risk assessment and legionella risk assessment documents had been reviewed and action plan recommendations are being implemented.

The accommodation as specified in this variation application was inspected and found to be compliant with current Department of Health minimum standards.

From an estates perspective RQIA were satisfied that the premises' were suitable to meet the aims and objectives, as described in the home's Statement of Purpose.

Final approval from an estates perspective will be subject to a satisfactory Building Control Completion Certificate being submitted to RQIA.

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*	4*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Linda Beckett, Responsible Individual and Mrs Sharon Colhoun, 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 12 (2) (a)(b) **Stated:** First time **To be completed by:** With immediate effect (27 September 2024)	The registered person shall ensure that the appropriate checks are completed and recorded when third party bedrails are in use. 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) (c) **Stated:** First time **To be completed by:** 31 January 2026	The registered person shall ensure that radiators in the home are maintained at a low heat; otherwise covered to ensure that patients are not exposed to the risk of burns. Ref: 3.2.1
	Response by registered person detailing the actions taken:
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	

Area for improvement 1 **Ref:** Standard 44.13 E24 **Stated:** First time **To be completed by:** 3 July 2023	The registered person shall ensure that a bath is installed within the home. 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 2 **Ref:** Standard 46 Criteria (2) **Stated:** Second time **To be completed by:** With immediate effect (30 September 2025)	The registered person shall ensure compliance with good hand hygiene practices during mealtimes. 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 4 **Stated:** First time **To be completed by:** With immediate effect (30 September 2025)	The registered person shall ensure that when a patient requires repositioning to maintain skin integrity, a repositioning regime is included within the pressure management care plan. 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 4 **Ref:** Standard 44 (E10) **Stated:** First time **To be completed by:** 31 October 2025	The registered person shall ensure that windows are restricted to 100mm. 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.

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

The Regulation and Quality Improvement Authority

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