The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Knockan Lodge**

Provider: **Cara Home Care Ltd**

Date of Inspection: **7 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:	Cara Home Care Ltd
Responsible Individual:	Mrs Elizabeth Kathleen Mary Lisk
Registered Manager:	Mrs Mary Elizabeth McVicker

Service Profile – This home is a registered residential care home, which provides health and social care for up to 25 residents.

The home provides care for residents who require general residential care and individuals with mental and physical health needs.

Accommodation is over two floors; residents' bedrooms all have en-suite facilities. Residents have access to two communal lounges and a dining room on the ground floor.

2.0 Inspection summary

An unannounced inspection took place on 7 January 2026 between 9.40am and 16.05pm by two care inspectors.

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 December 2024, and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

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.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection three areas for improvement were assessed as having been addressed by the provider. Two other areas for improvement were stated again under one standard. 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 life in the home. Comments included, "I have no concerns over the care", and, "The care is excellent." Residents who were less well able to share their views were observed to be at ease in the company of staff and to be content in their surroundings.

One resident told us, "We are well cared for, the staff are great!" Another resident said," There is plenty of choice, food is great and there are activities put on for us."

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.

A relative commented on how, "This place is fabulous. Management is brilliant; I have no concerns at all."

There was evidence of residents' meetings, which provided an opportunity for them to comment on aspects of the running of the home. For example, planning activities and menu choices.

Residents told us that staff offered them choices 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.

Two completed questionnaires from relatives commented positively on the care and services provided in the home.

No completed responses to the staff survey were received following the inspection.

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.

Residents said that there was enough staff on duty to help them. Staff said there was good teamwork and that they felt well supported in their role and that they were satisfied with the staffing levels.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day.

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 resident's needs, their daily routine wishes and preferences.

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.

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.

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

There was no activity planner on display in the home. An area for improvement was identified. Residents' needs were met through a range of individual and group activities such as arts and crafts, games and musical activities.

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.

Residents care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. 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 Control

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

Some store rooms had items on the floors, which prevented effective cleaning. The manager addressed these areas on the day of inspection.

Fire doors in two identified bedrooms were not effectively self-closing. An area for improvement was identified.

Hand towel dispensers and paper hand towels were not available in each bedroom within the home. This was discussed with the manager and an area for improvement was identified.

Radiator covers were broken in some identified bedrooms and incontinence products were not being stored correctly. An unlocked cupboard in a bathroom upstairs had communal toiletries within. It was discussed with the manager for a more effective audit of the environment to be conducted, which would highlight these issues. An area for improvement was identified.

Locks on the fuse cupboard and cleaning store were not working correctly. This was brought to the manager's attention, and an area for improvement was identified.

A decontamination schedule was not in place for plastic urine containers. It was discussed with the manager for a schedule to be in place, or to use the disposable type of containers. An area for improvement was identified.

Carpet on the upstairs landing was taped together in areas on the joints. Vinyl floor coverings in two on-suite bathrooms were rippled. It was discussed with the manager the need for a time bound action plan to be submitted to RQIA, with a programme of when these floor coverings were being repaired or replaced. An area for improvement was identified.

Review of records and discussion with the manager confirmed that safety checks were carried out, as required on a regular basis, to ensure the home was safe to live in, work in and visit. For example, fire safety checks, resident call system checks, electrical installation checks and water temperature checks.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Mary Elizabeth McVicker has been the Manager in this home since 29 May 2019.

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

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

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

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	5

Areas for improvement and details of the Quality Improvement Plan were discussed with Mary Elizabeth McVicker, 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 Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 27(4)(b) **Stated:** First time **To be completed by:** 7 January 2026	The registered person shall ensure that all fire doors in the home effectively self-close. Ref: 3.3.4
	Response by registered person detailing the actions taken: Fire doors checked and fixed
Area for improvement 2 **Ref:** Regulation 27 (2)(b) **Stated:** First time **To be completed by:** 7 January 2026	The registered person shall ensure that the locks on the fuse cupboard and cleaning store are functional. Ref: 3.3.4
	Response by registered person detailing the actions taken: This has been actioned and new locks fitted
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 **Ref:** Standard 13.4 **Stated:** First time **To be completed by:** 7 January 2026	The registered person shall ensure that the programme of activities is displayed in a suitable format, and in an appropriate location, so that residents and their representatives know what is scheduled. Ref: 3.3.2
	Response by registered person detailing the actions taken: This has been actioned. Activities displayed on board in main hallway
Area for improvement 2 **Ref:** Standard E38 **Stated:** First time **To be completed by:** 1 March 2026	The registered person shall ensure that there are hand towel dispensers available in areas where care is provided. Ref 3.3.4
	Response by registered person detailing the actions taken: Hand towel dispensers have been fitted to all areas where care is provided.

Area for improvement 3 **Ref:** Standard 20.10 **Stated:** First time **To be completed by:** 1 March 2026	The registered person shall ensure that a regular comprehensive environmental audit is completed, with a time bound action plan, for deficits identified. Ref 3.3.4
	Response by registered person detailing the actions taken: Environmental audit in situ to cover all areas of the home and new flooring will be replaced within 2 weeks, booked with supplier. Hallway carpet has been measured and awaiting supplier for fitting. New daily check in situ for checking of main communal areas.
Area for improvement 4 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 1 March 2026	The registered person shall ensure that a decontamination schedule is in place for plastic urine containers used in the home, or that the disposable type are used. Ref 3.3.4
	Response by registered person detailing the actions taken: Plastic urine contaainers have been removed and disposable type being used.
Area for improvement 5 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 1 March 2026	The registered person shall submit to RQIA a time bound action plan identifying when the identified floor coverings will be repaired or replaced. Ref 3.3.4
	Response by registered person detailing the actions taken: En suite floors identified have been measured and will be fitted by supplier within 2 weeks. Upstairs hallway flooring has also been measured and awaiting fitting with 4-6 weeks.

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James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel: 028 9536 1111

Email: info@rqia.org.uk

Web: www.rqia.org.uk

Twitter: @RQIANews