The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Ard Cuan

Provider: Ard Cuan

Date of Inspection: 3 February 2026

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Registered Provider:	Ard Cuan
Responsible Persons:	Mr James Caldwell
Registered Manager:	Mrs Frances Ann Mullan

Service Profile:

This home is a registered Residential Care Home which provides health and social care for up to 17 residents. The home provides care for residents living with dementia and for those needing general residential care.

Residents bedrooms are located over two floors in the home, some bedrooms are shared. Residents have access to a communal lounge and dining area. The home has a large external garden for residents to enjoy.

2.0 Inspection summary

An unannounced care inspection took place on 3 February 2026, from 10.00 am to 2.30 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 16 January 2025; 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 care was found 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 from the previous care inspection were assessed as having been addressed by the provider. 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 resident'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

Residents told us they were happy living in the home, they felt well looked after and listened to by staff and management. Residents comments included "staff are very good to me", "I feel safe staying here" and "the staff are great, I love living here".

Three relatives spoken with spoke highly of the care and services provided in the home. They confirmed that staff and management were approachable, friendly and communication was good.

Staff spoke positively in terms of the provision of care in the home and their roles and duties. Staff told us that the manager was supportive and available for advice and guidance.

Six questionnaire responses were received from residents following the inspection. They all confirmed they were satisfied with the care and services provided in the home.

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 team work 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. For example; if they wished to have a lie in or if they preferred to eat their breakfast later than usual.

A review of the person left in charge of the home in absence of the manager competency and capability assessments highlighted that these were not in place for all staff left in charge of the home. Advice was provided to the manager and written assurances were provided to RQIA post inspection that these were now in place. This will be reviewed at a future inspection.

3.3.2 Quality of Life and Care Delivery

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

Staff interactions with residents were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed and pleasant. Staff were knowledgeable of individual resident's needs, their daily routine, wishes and preferences.

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

Residents may require special attention to their skin care. Care records accurately reflected the residents' assessed needs and input from other professionals such as the District Nursing team.

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. For example, residents were referred to their GP if required.

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.

Observation of the lunchtime meal served in the main dining room confirmed that enough staff were present to support residents with their meal and that the food served appeared appetising

and nutritious. However, staff were not wearing any Personal and Protective Equipment (PPE) during the meal time. An area for improvement has been identified.

It was also noted that one residents modified diet records located in the kitchen were not in line with their Speech and Language Assessment, which created a potential risk for the resident to receive the incorrect diet. An area for improvement was identified.

Observation of the planned activity, which was a game of skittles, confirmed that staff knew and understood resident's preferences and wishes and how to provide support for residents to participate in group activities or to remain in their bedroom with their chosen activity such as reading, listening to music or having visits with their relatives.

3.3.3 Management of Care Records

Discussion with the manager and a review of care records highlighted that the home were not completing their own pre-admission assessments prior to residents being admitted to the home and instead were using the referring Trust's assessments. Advice was provided to the manager to review this system and to maintain their own pre-admissions assessments moving forward. This will be reviewed at a future inspection.

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

The home was clean, warm and comfortable for residents. Bedrooms were tidy and personalised with photographs and other personal belongings for residents. Communal areas were well decorated, suitably furnished and homely.

It was identified in one communal bathroom that resident's personal hygiene products such as shower gel and a hairbrush were available for communal use and had the potential to be shared. An area for improvement has been identified.

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

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Frances Ann Mullan has been the registered manager in this home since 21 September 2007.

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

Review of a sample of records evidenced that a 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 in 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	0	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Frances Ann Mullan, Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022) (Version 1:2)	
Area for improvement 1 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 3 February 2026	The Registered Person shall ensure that all staff wear the correct Personal and Protective Equipment (PPE) during meal times in the home. Ref: 3.3.2
	Response by registered person detailing the actions taken: Implemented.
Area for improvement 2 **Ref:** Standard 22.4 **Stated:** First time **To be completed by:** 3 February 2026	The Registered Person shall ensure that all records in place for residents on a modified diet, including those located in the kitchen are kept up to date and accurate. Ref: 3.3.2
	Response by registered person detailing the actions taken: All records for residents on a modified diet are kept up to date and are accurate (including those rercods retained in the kitchen.
Area for improvement 3 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 3 February 2026	The Registered Person shall ensure individual residents toiletries and hair brushes are managed and stored appropriately, not for communal use. Ref: 3.3.4
	Response by registered person detailing the actions taken: Personal residents' toiletries and hair brushes are now stored in individual rersident's lockers ensuring they are for peronal use only by the resident who owns them.

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

The Regulation and Quality Improvement Authority

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