The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Prospect**

Provider: **Prospect Private Nursing Home Ltd**

Date of Inspection: **18 February 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:	Prospect Private Nursing Home Ltd
Responsible Individual:	Mr Thomas Mark McMullan
Registered Manager:	Miss Sinead Kerr
Service Profile – Prospect is a nursing home registered to provide nursing care for up to 53 patients over and under 65 years of age who require general nursing care. There are a range of communal areas throughout the home and patients have access to an extensive garden.	

2.0 Inspection summary

An unannounced inspection took place on 18 February 2026 from 9.15 am to 6.00 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 determine if the home is delivering safe, effective and compassionate care and if the service is well led.

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. Refer to Section 3.2 for more details.

It was evident from discussions with patients and relatives that staff promoted patients' dignity and well-being and that staff were knowledgeable and well trained to deliver safe and effective care.

As a result of this inspection six areas for improvement 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 patients, 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 spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "The staff are very helpful. The food is good and we get a choice", "I am very happy here. The staff are first class. They treat me with dignity and respect" and "I enjoy the activities. There is a good variety."

Patients told us that staff offered choices to them 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.

Relatives commented positively about the overall provision of care within the home. Comments included: "They (the staff) are fantastic. The home is so clean and the attitude of staff is great. Communication has been great."

Staff spoken with said that Prospect was a good place to work and said the teamwork was very good. Staff commented positively about the manager and described them as supportive and approachable. Comments from staff included, "The management are so good. Everyone works well together. I like the residents and the staff."

We did not receive any questionnaires or responses from the staff online survey 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.

While there was evidence of systems in place to manage some aspects of staffing; discussion with the manager established that pre-employment checks had not been completed, as part of the recruitment process, prior to each staff member commencing in post. For example, a full employment history was not consistently available and reasons for leaving were not recorded. An area for improvement was identified.

There was a system in place to ensure that staff maintained their registration with the Nursing and Midwifery Council (NMC) or with the Northern Ireland Social Care Council (NISCC). However, audit records reviewed evidenced deficits in oversight and recording of staff registration with NISCC. For example, it was identified that a staff member had not been registered with NISCC and continued to work in the home. Assurances were sought and provided immediately following the inspection that all staff were registered or had applied to register with NISCC. An area for improvement was identified.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they were satisfied with the staffing levels. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

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 interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patient's 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.

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.

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

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. A restrictive practice register was monitored and reviewed monthly. It was established that safe systems were not consistently in place to safeguard patients and to manage this aspect of care. Hourly bedrail checks had not been completed for at least two identified patients in keeping with their assessed needs. An area for improvement was identified.

Patients may require special attention to their skin care. For example, some patients may need assistance to change their position in bed or get pressure relief when sitting for long periods of time. These patients were assisted by staff to change their position regularly. However, records maintained were not always fully completed. For example, the time that care was delivered was not consistently recorded by staff and gaps were noted in completion of skin check records. An area for improvement was identified.

Concerns regarding the health and welfare of patients were identified following observation of staff manual handling practices. At least three patients were observed sitting in wheelchairs in the lounge which did not have their brakes deployed. This was discussed with the manager who took necessary action to mitigate any risk. An area for improvement was identified.

Where a patient was at risk of falling, measures to reduce this risk were put in place. In addition, falls were reviewed monthly for patterns and trends to identify if any further falls could be prevented.

Examination of records regarding the management of falls evidenced that these were not consistently managed in keeping with best practice guidance. For example, review of records relating to an identified patient evidenced that the patient's care plan had not been updated following the fall. In addition, clinical and neurological observations were not completed in keeping with the home's policy following a head injury. An area for improvement was identified.

Nutritional risk assessments were completed monthly to monitor for weight loss or weight gain. Nutritional care plans were in line with the recommendations of the speech and language therapists and/or the dieticians. Patients were safely positioned for their meals and the mealtimes were well supervised. Staff communicated well to ensure that every patient received their meals in accordance with the patients' needs.

Discussion with staff and observation of practice confirmed that a "safety pause" was not completed at the start of each mealtime to ensure that every patient received their meals in accordance with the patients' assessed needs. The manager confirmed that they would liaise with Speech and Language colleagues to avail of additional supports in respect of this.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Observation of the lunchtime meal, review of records and discussion with patients, staff and the manager indicated that there were systems in place to manage patients' nutrition.

The food served looked appetising and nutritious. Patients told us they enjoyed the meal and the food was good.

The importance of engaging with patients was well understood by management and staff and patients were encouraged to participate in their own activities such as watching TV, reading, resting or chatting to staff. Arrangements were also in place to meet patients' social, religious and spiritual needs.

An activity planner displayed highlighted events such as balloon tennis, church services, pancake making, bingo, name that tune, sing-a-long, reminiscing and recreational games. Patients spoken with told us they enjoyed living in the home and that staff were friendly.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

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

3.3.4 Quality and Management of Patients' Environment

The home was clean and tidy. Bedrooms and communal areas were very well decorated, furnished to a high standard, warm and comfortable. Patients' bedrooms were personalised with items important to them.

Fire safety measures were in place to protect patients, visitors and staff in the home. Fire safety measures were in place to protect patients, visitors and staff in the home. The manager confirmed no actions were outstanding from the most recent fire risk assessment.

However, review of records and discussion with the manager confirmed that there was an absence of a robust system for oversight of annual fire drills and bi-annual training. Review of records evidenced that not all staff received bi-annual training or had a fire drill annually. Assurances were provided by email from the manager following the inspection that all available staff completed a fire drill and a system was implemented to monitor compliance with this.

A small number of shortfalls in individual staff practice with infection prevention and control (IPC) practices were discussed with the manager who agreed to monitor this through their audit processes and arrange additional training and supervisions if required.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Miss Sinead Kerr has been the manager since 24 January 2023.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly. However, there was evidence that at least one incident that had occurred had not been notified to RQIA accordingly. The manager agreed to audit the accidents and incidents and notify RQIA retrospectively.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home.

There was a system in place to manage any complaints received. However, review of complaint's records evidenced shortfalls in how some complaints were recorded, particularly in relation to any investigations and actions taken. This was discussed with the manager who agreed to complete any necessary documentation retrospectively. An area for improvement was identified.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further.

Patients and their relatives spoken with said that if they had any concerns, they knew who to report them to and said they were confident that the manager or person in charge would address their concerns.

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	4	3*

*The total number of areas for improvement includes one which has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Sinead Kerr, Registered Manager and Mr Thomas Mark McMullan, Responsible Individual, 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 21 (1) (b) Schedule 2 **Stated:** First time **To be completed by:** 18 February 2026	The registered person shall ensure that all pre-employment checks are completed before any staff commence working in the home and evidence retained of managerial oversight of all such records. Ref: 3.3.1
	Response by registered person detailing the actions taken: Safer Recruitment Pack introduced to ensure improved management oversight of all pre-employment checks. Addition to current application form to include education start/end dates, employment history from age 18yrs and immigration status/right to work checks.
Area for improvement 2 **Ref**: Regulation 21 (1) (b) **Stated:** First time **To be completed by:** 18 February 2026	The registered person shall ensure that a robust system is maintained to monitor staff registration with the Northern Ireland Social Care Council. Ref: 3.3.1
	Response by registered person detailing the actions taken: Matrix devised for monthly NISCC and NMC checks which will clearly identify status of staff registration including registration date, endorsement/payment and renewal date.
Area for improvement 3 **Ref:** Regulation 20 (1) (a) **Stated:** First time **To be completed by:** 18 February 2026	The registered person shall ensure safe moving and handling training is embedded into practice. This area for improvement is made with specific reference to the use of wheelchair brakes. Ref: 3.3.2
	Response by registered person detailing the actions taken: Information disseminated to all staff regarding safe use of wheelchairs through staff meeting, email and group supervision. Audit carried out through spot checks on stationary wheelchairs to ensure brakes are on when resident is in the chair especially at key times such as after meals.

Area for improvement 4 **Ref:** Regulation 13 (1) (a) (b) **Stated:** First time **To be completed by:** 18 February 2026	The registered person shall ensure that registered nursing staff manage falls in keeping with best practice. Ref: 3.3.2
	Response by registered person detailing the actions taken: New Falls documentation pack devised for trained staff based on current falls pathway guidelines. Staff instructed on correct completion of full documentation pack over the 24hr period including CNS observations day and night. Trained staff will make reference to appropriate falls pathway in daily notes.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 18 **Stated:** First time **To be completed by:** 10 September 2024	The registered person shall ensure that care records for the management of distressed reactions include patient-specific information to direct the use of prescribed medicines and that records of administration include the reason for and outcome of each administration. 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 4.9 **Stated:** First time **To be completed by:** 18 February 2026	The registered person shall ensure supplementary care records in the home such as bedrail checks, repositioning and skin check charts are completed in full and include the time of such checks. These should be completed contemporaneously in keeping with the patients' assessed need. Ref: 3.3.2
	Response by registered person detailing the actions taken: Staff meeting and email sent to inform staff of the importance of completing all documentation contemporaneously. Trained staff (night and day duty) have oversight and will sign supplementary charts to confirm they are correct. Trained staff will reference the information from the charts in their daily notes. Management will continue to have oversight through auditing and spot checks.

Area for improvement 3 **Ref:** Standard 16.11 **Stated:** First time **To be completed by:** 18 February 2026	The registered person shall ensure that a record of all complaints are retained. All outstanding complaints records should be completed retrospectively. These records should include the results of any investigations and the actions taken; details of whether the complainant was satisfied with the outcome or not and how this level of satisfaction was determined. Ref: 3.3.5
	Response by registered person detailing the actions taken: Outstanding complaints detailed and closed in complaints book. All expressions of dis-satisfaction will be documented and addressed in complaints book in the future.

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