The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Hockley Private Nursing Home

Provider: Elim Trust Corporation

Date of Inspection: 28 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:	Elim Trust Corporation
Responsible Individual:	Pastor Edwin Michael
Registered Manager:	Mrs Mary Jane Sagayno
Service Profile – Hockley Private Nursing Home is a registered nursing home which provides general nursing care for up to 54 patients. The home is divided into two units; The Lodge and The Mews. Patients have access to communal lounge and dining areas.	

2.0 Inspection summary

An unannounced inspection took place on 28 February 2026, between 10.00 am and 4:15 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 27 May 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.

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 areas for improvement have 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 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 told us they were happy with the care and services provided. Comments made included "the staff are wonderful, I haven't a bad thing to say about them" and "the people who work here are very caring and helpful".

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.

Staff spoke in positive terms about the provision of care, their roles and duties, training and managerial support.

Families spoken with told us that they were very happy with the care provided and that there was good communication from staff. Comments made included "I think the world of the staff" and "I am really happy with the care … receives".

No staff or relative questionnaires were received 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. There was evidence of systems in place to manage staffing.

Patients said that there was enough staff on duty to help them. Staff spoke in positive terms about the provision of care, their roles and duties, training and managerial support.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

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 patient choice in how and where they spent their day or how they wanted to engage socially with others.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and their care records accurately reflected their needs.

Wound care records were reviewed, in the one record reviewed, the recommended frequency of dressing changes was not detailed in the care plan. In another record reviewed, it was unclear as to whether the wound had healed. This area for improvement was stated for a second time.

Examination of care records and discussion with staff 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 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 evident that staff had made an effort to ensure patients were comfortable and had a pleasant experience.

The daily menu displayed did not reflect the meal choices for that day. An area for improvement was identified.

Review of the menu choice records for the lunchtime serving and observation of the meal served evidence that the majority of patients were observed to be eating the same meal option. There was limited evidence of the record of the choice for meal for patients. An area for improvement was identified.

Care plans were in place for patients who required their diets to be modified. However, choking risk assessments reviewed were incomplete or lacked detail of the patients' diet and the care required. This area for improvement was stated for a second time, additionally a review of care plan for patients on modified diets had conflicting information in regards to their recommended consistency of food and fluids. This was identified as an area for improvement.

The importance of engaging with patients was well understood by the manager and staff. Staff understood that meaningful activity was not isolated to the planned social events or games.

Patients were well informed of the activities planned and of their opportunity to be involved. The activity schedule was on display. It was positive to see that the activities provided were varied, interesting and suited to both groups of patients and individuals.

Staff were observed sitting with patients and engaging in discussion. Patients who preferred to remain private were supported to do so and had opportunities to listen to music or watch television or engage in their own preferred activities.

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.

Access to confidential patient information was evident within the nurses' station in the Mews unit. An area for improvement was identified.

Care records were person centred. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

3.3.4 Quality and Management of Patients' Environment

Many patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

It was observed that multiple areas within the home required repair or decoration such as damaged bedroom furniture, plasterwork and skirting. An area for improvement was identified.

In a number of bedrooms, portable radiators and extension leads were observed which had the potential to be a trip hazard for patients. This was identified as an area for improvement.

In a small number of bedrooms, it was identified that prescribed topical creams and medications were not stored securely. This was identified as an area for improvement.

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 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 Mary Jane Sagayno has been the manager in this home since 8 October 2018.

Relatives and staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place.

Patients and their relatives spoken with said that they knew how to report any concerns 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.

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	8*

* the total number of areas for improvement includes two standards that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Mary Jane Sagayno, 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 27 (2) (d) **Stated:** First time **To be completed by:** 30 June 2026	The registered person shall ensure that the premises are kept in a good state of repair. Ref: 3.3.4
	Response by registered person detailing the actions taken: As of 2025/26 19 bedrooms been completely refurbished with all new furnitures in place. Our aim to complete the refurbishment of all bedrooms as per refurbishment plan pending on bedroom vacancies. Evidence of commencing redecorating of the Home during inspection was acknowledge and is still ongoing. The management aims to ensure the Home is in a good state of repair.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 4.8 **Stated:** Second time **To be completed by:** 31 March 2026	The registered person shall ensure that wound care is completed in keeping with the recommended dressing frequency documented in the patient's care plan. Ref: 2.0 & 3.3.2
	Response by registered person detailing the actions taken: Management will ensure careplan is being audited monthly and as needed. Staff Nurses were advised to put a date on the careplan when dressing frequency is changed to reflect the wound chart.
Area for improvement 2 **Ref:** Standard 12 **Stated:** Second time **To be completed by:** 28 February 2026	The registered person shall ensure that choking risk assessments are recorded accurately and reflect the current needs of the patient. Ref: 2.0 & 3.3.2
	Response by registered person detailing the actions taken: Separate file in place for all residents with modified diet with the advised sheet from the speech and language therapist. All resident with swallowing problem were provided with careplan and risk assessments reflecting their needs. Audit of the careplan and risk assessments will be carried out monthly and as needed.

Area for improvement 3 **Ref:** Standard 12 **Stated:** First time **To be completed by:** 28 February 2026	The registered person shall ensure that a daily menu is displayed and reflects the meal choices for that day. Ref: 3.3.2
	Response by registered person detailing the actions taken: Concern was discussed with the kitchen staff to ensure consistency with the menu checklist, menu board and the computer record . Assistant cook is now designated to ensure this is being done. Menu is now signed by the nurse in charge daily. Management reviews the menu checklist monthly . Any concern will be liaised with staff. Improvement with the above concern is observed.
Area for improvement 4 **Ref:** Standard 12 **Stated:** First time **To be completed by:** 28 February 2026	The registered person shall ensure that there are records in place to evidence that a varied diet is provided and that patients are availing of choice. Ref: 3.3.2
	Response by registered person detailing the actions taken: Menu checklist for the day is now completed a day before to ensure all residents were given enough time to make their choices. Printed menu of the day is provided to each dining table. Menu will be reviewed in the morning for any changes residents may have made to their preferences.
Area for improvement 5 **Ref:** Standard 12.7 **Stated:** First time **To be completed by:** 30 March 2026	The registered person shall ensure that care plans for patients on modified diets reflect the current needs of the patient. Ref: 3.3.2
	Response by registered person detailing the actions taken: Separate file is in place of all residents on modified diet. Careplan and risk assessments now in place and audited monthly and as needed.
Area for improvement 6 **Ref:** Standard 37 **Stated:** First time **To be completed by:** 28 February 2026	The registered person shall ensure that patients' confidential records are securely stored. Ref: 3.3.3
	Response by registered person detailing the actions taken: The management will ensure staff protects all residents confidential information. Staff were advised to log out after using the computer. All computer in the Home containing confidential information is now set to auto lock if not in use within one minute. This will be continually be monitored by the management team.

Area for improvement 7 **Ref:** Standard 43 **Stated:** First time **To be completed by:** 30 March 2026	The registered person shall ensure that the environment is reviewed to minimise the risk of falls to patients. Ref: 3.3.4
	Response by registered person detailing the actions taken: The management will ensure that the use of extention wires and portable heaters are in minimum. All portable heaters and electric wires posing a risk of trips and falls are now removed.Staff were all advised to ensure all windows and doors are closed during cold season to keep the heat in the Home. Electrical contractor attended site to commence replacement of heaters not fully functional to remove all portable heaters.
Area for improvement 8 **Ref:** Standard 30 **Stated:** First time **To be completed by:** 28 February 2026	The registered person shall ensure that medicines are stored safely and securely. Ref: 3.3.4
	Response by registered person detailing the actions taken: The two residents identified have capacity and requested to have remaining medication left on their table to be taken a bit later. This was discussed with staff and the two residents . It was agreed that medications will be requested and administered as when the resident is ready to take them. Staff were all advised that all prescribed creams are kept under the sink not visible when someone enters the bedroom.

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