The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Sir Samuel Kelly Memorial Eventide Home

Provider: Salvation Army Trustee Company (The)

Date of Inspection: 12 & 13 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:	SALVATION ARMY TRUSTEE COMPANY (THE)
Responsible Individual:	Mrs Glenda Roberts
Registered Manager:	Mrs Sharron Cushley
Service Profile – Sir Samuel Kelly Memorial Eventide Home is a residential care home registered to provide health and social care for up to 56 residents. The home is registered to provide care to those with a range of needs, including: dementia, mental health and frail elderly. The home is based across two floors and separated into six wings; Lavender, Daisy, Primrose, Poppy, Bluebell and Buttercup. There are a number of communal spaces across the home. Residents have access to lounges and day rooms across the building.	

2.0 Inspection summary

An unannounced inspection took place on 12 February 2026, from 10.30 am to 5.00 pm and 13 February 2026 from 10.25 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 25 February 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.

As a result of this inspection five areas for improvement were assessed as having been addressed by the provider. Other medicine related areas for improvement will be carried forward for review at a future inspection. 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 spoken with who were able to make their wishes known provided mostly positive feedback about their experiences of care and life in the home. Residents commented positively about the staff, management and food. Some of the comments shared included, "there are always good choices (at mealtimes)", "the staff are very good" and "the food is excellent."

Residents and some visitors/relatives spoken with provided mixed feedback about activities in the home with some reports that there could be more activities. The details of this were shared with the management team for review and action as appropriate.

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 systems in place to manage staffing.

There was evidence of pre-employment checks in place for staff prior to commencing work in the home. However, one employee's recruitment checks did not clearly evidence that all gaps in employment had been explored prior to the staff member commencing work in the home. The details of this were shared with the management team and an area for improvement was identified.

There was evidence of systems in place to monitor staff supervisions and appraisals, however these did not clearly evidence that staff were receiving supervision at least six monthly or an annual appraisal. The details of this were shared with the management team and two new areas for improvement were identified.

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

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 systems were in place to monitor those residents with a Deprivation of Liberty Safeguard (DoLS). However, there was no evidence of systems to monitor those residents with restrictive practices such as, alarm mats, the details of this were shared with the management team and assurances were provided that this system would be implemented. This will be further reviewed at a future inspection.

Examination of the falls policy and falls procedure evidenced that these had not been reviewed within the timeframes required. The details of this were shared with the management team and an area for improvement was identified. A discussion took place with the management team regarding falls best practice guidance, the management team confirmed that this would be implemented and circulated across the staff team.

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, review of records and discussion with residents, staff and the manager confirmed that there were robust systems in place to manage residents' nutrition and mealtime experience. It was observed that staff had planned for a Valentine's lunch buffet and was set-up to include and meet the needs of all residents who wished to participate. Residents were observed to enjoy this occasion and they were seen to be smiling and engaging with staff and one another. It was clear that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

Staff understood that meaningful activity was not isolated to the planned social events or games. There was evidence of arrangements in place to meet residents' social, religious and spiritual needs within the home. Whilst there was evidence of planned activities taking place during the inspection, there was mixed feedback received from some residents and relatives about access to activities in the home. The details of this were shared with the management team for review and action as appropriate.

The weekly programme of social events was displayed on the noticeboard advising of future events.

Residents were observed engaging with one another, watching television, listening to music or engaging in their own preferred activity such as, knitting. Some of the residents said they could get outside for a walk, weather dependent. Others said, they preferred to remain in their bedrooms with their own preferred choice of stimulation, but if they wanted to attend the communal areas to engage in activities, they could.

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 mostly person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. It was not always evident that DoLS care plans clearly outlined the requirements of the DoLS and review arrangements. The details of this were shared with the management team for review and action as appropriate. 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 warm and welcoming, clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, warm and comfortable. There was evidence of 'homely' touches across the home, such as flowers, newspapers, magazines, snacks and drinks available and access to a kitchen.

The home was decorated for Valentine's Day and had colourful balloons and streamers in place. There was evidence of some wear and tear to some aspects of the environment, for example: doors and cupboards along corridors. The details of this were shared with the management team who confirmed, an action plan was in place to address these areas.

There was evidence that some of the fridges and cupboards in communal areas were not secured appropriately. Discussion with the management team confirmed that plans were in place to secure these. This will be reviewed at a future inspection.

It was observed that prescribed creams were not always stored securely in resident's bedrooms and were accessible. The details of this were shared with the management team and actions taken to address this were confirmed with RQIA in writing following the inspection.

Review of records and discussion with the management team confirmed that environmental and 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. Actions identified regarding water temperature checks were shared with RQIA estates department and any further action required will be taken forward with the home.

The Fire Risk Assessment was completed by an accredited fire risk assessor on the 28 October 2025 and the overall risk was assessed as moderate. It was not clearly evidenced that all of the actions requiring completed as outlined by the fire risk assessor, had been taken within the timeframes agreed. It was confirmed in writing following the inspection that all of the required actions had been taken. An area for improvement was 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. However, not all staff were observed as bare below the elbow and some staff were wearing nail polish. The details of this were shared with the management team and an area for improvement was identified.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Mrs Sharron Cushley has been the Acting Manager in this home since 19 December 2025.

Residents 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 systems for reviewing the quality of care, other services and staff practices were in place. There was evidence that the management team responded to concerns raised with them or by their processes and took measures to improve practice, the environment and/or the quality of services provided by the home.

A review of accidents and incidents in the home did not always clearly evidence that all of the relevant persons and organisations had been notified. Assurances were provided that those requiring to be informed on these incidents and accidents, were notified appropriately. A discussion took place with the management team to ensure the system in place clearly evidences that all of the relevant persons and organisations have been notified without delay.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine the running of the home. These visits were announced and are required to be unannounced. An area for improvement was identified. It was evident that these reports should include further detail with regards to review of the environment and records of events which have taken place within the home. The details of this were shared with the management team and will be reviewed at a future inspection.

Residents and their relatives said that they knew who to approach if they had a complaint.

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*	6*

* the total number of areas for improvement includes two regulations and one standard that have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Sharron Cushley, 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 13 (4) **Stated:** First time **To be completed by:** 22 July 2025	The Registered Person shall review the management of warfarin to ensure written regimen confirmation is obtained and care plans are kept up to date. 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 13 (4) **Stated:** First time **To be completed by:** 22 July 2025	The Registered Person shall ensure that records of administration of thickening agents are accurately maintained by care assistants and include the recommended consistency level. 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 3 **Ref:** Regulation 21 (b) Schedule 2 (6) **Stated:** First time **To be completed by:** 13 February 2026	The Registered Person shall ensure that pre-employment checks evidence explanation for any gaps in employment prior to a staff member commencing work in the home. Ref: 3.3.1
	Response by registered person detailing the actions taken: A check list in place and this is now crossed of as each document or gap is checked and completed. This will be signed off by both the Home Manager and the Business and Facilities Manager so that this responsibility does not sit with one person and it can be a double check for accuracy and gaps.
Area for improvement 4 **Ref:** Regulation 29 (3) **Stated:** First time	The Registered Person shall ensure that visits completed under this Regulation are completed unannounced. Ref: 3.3.5

To be completed by: 13 February 2026	**Response by registered person detailing the actions taken:** The Home Manager has made the Senior management team aware that the home should not be informed of the visit as all visits shoud be unannounced. This is in line with Regulation 29 (3) Unannounced visit completed on 25th March 2026 by RI.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 **Ref:** Standard 10 **Stated:** First time **To be completed by:** 22 July 2025	The Registered Person shall review the management of medicines prescribed 'when required' for distressed reactions to ensure the reason for and outcome of each administration is recorded. 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 24.2 **Stated:** First time **To be completed by:** 13 March 2026	The Registered Person shall ensure that all staff have recorded, individual, formal supervision no less than every six months. Ref: 3.3.1
	Response by registered person detailing the actions taken: The Home Manager and Business Facilities Manager are working on this with the supervisery team. All outstanding supervisions will be conducted in line with the quality complience audit from Salvation Army and standard 24 2. Supervisions are booked and highlighted using a matrix, the time line for completion is by April 30th 2026 and ongoing to ensure timely supervisions.
Area for improvement 3 **Ref:** Standard 24.5 **Stated:** First time **To be completed by:** 13 March 2026	The Registered Person shall ensure that staff have a recorded annual appraisal with their line manager. Ref: 3.3.1
	Response by registered person detailing the actions taken: Additional support has been arranged to allow all Supervisiors time to complete their alined staff member's Annual Appraisal in a timely and meaningful way. The aim is to have completed an APR for each individual by 8th May 2026 if due.

Area for improvement 4 **Ref:** Standard 21.5 **Stated:** First time **To be completed by:** 13 March 2026	The Registered Person shall ensure that the falls policy and procedure is systematically reviewed three yearly. Ref: 3.3.2
	Response by registered person detailing the actions taken: The Annual, Monthly and Quarterly falls analysis are completed and reviewed by Home Manager and 2 Team Leaders to ensure oversite and that these are completed. This is at the alined time and in line with the organisation Policy and Procedures and standard 21.5 RQIA. Extra support has been given to the Home Management team to get this completed. Senior management team are aware of the dates of update to policies and procedures in line with a schedule and this was updated 10/03/2025 and reviewed with no changes in March 2026.
Area for improvement 5 **Ref:** Standard 29.1 **Stated:** First time **To be completed by:** 13 February 2026	The Registered Person shall ensure that the actions identified as part of the fire risk assessment, are taken within the timeframes agreed by the fire risk assessor. Ref: 3.3.4
	Response by registered person detailing the actions taken: All the issues that had been on the Fire risk assessment have now all been completed and signed off. Doors that were not closing had door arms adjusted and are now complient. All fire signage is completed. All fire doors in Daisy now have the drop arm in place to address the gaps. Additional smoke alarms are now in place in 2 cupboard in Daisy wing. Completion date was 13/02/2026 &14/02/2026 when the company attended the home for 2 days and completed all outstanding works.
Area for improvement 6 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 13 February 2026	The Registered Person shall ensure that all staff working in the home comply with hand hygiene best practice guidance, to ensure staff are bare below the elbow and do not wear nail polish. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Home Manager had a meeting with all home staff and has informed them that any staff that fail to comply with infection control standard 35, will be sent home and nails to be cut down or false nails removed before return to their role. The Home Manager has also made agency staff aware of this, and to comply with: bare below the elbow and nails to be short, no varnish or false nails. Any failure to comply will result in the agency member of staff being sent home and the agency being informed. The

	Home Manager and Business and Facilities Manager obszerved staff daily and 'spot check' staff nails.

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