The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: St Macartans

Provider: Kilmorey Care Ltd

Date of Inspection: 18 March 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:	Kilmorey Care Ltd
Responsible Individual:	Mr Cathal O'Neill
Registered Manager:	Mrs Veronica McElmurry

Service Profile:
St Macartans is a registered Nursing Home which provides nursing care for up to 33 patients. The home is divided into two units and has bedroom accommodation over four floors. Patients have access to communal lounges, dining rooms and outdoor spaces.

The unit on the lower ground floor provides dementia nursing care for 8 patients and up to one patient on a day care basis. Nursing care for frail elderly patients over 65 years of age, physical disability over and under 65 years of age and up to 6 patients with a learning disability over and under 65 years of age is provided on the ground floor; first and second floor.

2.0 Inspection summary

An unannounced inspection took place on 18 March 2026, from 10 am to 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 2 July 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

We found care to be delivered in a compassionate manner and 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.

As a result of this inspection two areas for improvement were assessed as having been addressed by the provider. Three areas for improvement regarding medicines management have been carried forward for review at a future inspection. Full details can be found 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: "Happy with everything". "The staff are great here", "I couldn't fault them", "I am getting well looked after", "Everyone (staff) is very nice" and "I enjoy it here".

Staff said that the manager was very approachable, teamwork was great and that they felt well supported in their role. Comments from staff included: "This is a very organised home", "I really love it here" and "Good teamwork". Staff also commented regarding staffing levels not being sufficient in the morning following a recent reduction in one care assistant from 8 am to 12 noon. Details were discussed with the manager to review and action as necessary.

Two relatives spoken with during the inspection were very satisfied with the overall provision of care. Comments included: "This is a beautiful home", "Good communication from staff", "The staff are very friendly and welcoming", "Happy with the care" and "No concerns".

Two questionnaires were received from relatives and patients. The respondents were very satisfied with the overall provision of care. Comments included: "I cannot speak highly enough of the care my mother has received", "It feels like a family", "The improvements since the new manager took over are evident and appear to be working well", "All my (relatives) care needs have been more than adequately met" and "My mother is very happy and refers to (St Macartans) as home not 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 patients. There was evidence of robust systems in place to manage staffing.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Patients 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. As mentioned above in section 3.2, staff commented regarding staffing levels in the morning. The manager confirmed that this was currently under review and that patient dependency assessments were ongoing to ensure that the assessed needs of the patients are being met.

3.3.2 Quality of Life and Care Delivery

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

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 patients 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 records were mostly well maintained.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The dining experience was an opportunity for patients to socialise and the atmosphere was calm, relaxed and unhurried. A menu was on display within the dining rooms offering a choice of two meals and a meal time co-ordinator was allocated to oversee the correct delivery of meals.

Patients commented positively about the food provided within the home with comments such as: "The food is great and plenty of variety", "The food is lovely" and "If I don't like something they will always make me something I like".

The importance of engaging with patients was well understood by management and staff. A pictorial schedule of activities was on display within the home offering a range of individual and group activities such as arts and crafts, music, gardening, board games and movies.

The activity co-ordinator was very enthusiastic in her role and was observed positively engaging with patients and encouraging them to participate in activities.

Patients commented positively regarding the activities provided within the home and were seen to be content and settled in their surroundings and in their interactions with staff. Comments included: “Everyone is very friendly and there is always something going on here” and “Plenty of activities and I really enjoy them”.

Some patients were engaged in their own activities such as; watching TV, resting or chatting to staff and arrangements were in place to meet patients’ social, religious and spiritual needs within the home.

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.

Patients care records were held confidentially.

Care records 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 warm and comfortable and patients’ bedrooms were personalised with items important to the patient. There was evidence that refurbishment works had been completed since the last care inspection. The manager confirmed that refurbishment works and painting were ongoing as required, to ensure the home is well maintained.

Several plugholes and a number of water taps on wash hand basins were corroded; details were discussed with the manager who agreed to have this reviewed. Following the inspection, written confirmation was received that an audit had been completed and an action plan implemented to address this. This will be reviewed at a future inspection.

Corridors and fire exits were clear from clutter and obstruction. A fire risk assessment (FRA) had been completed on the 6 March 2026. One action was required following this assessment and following the inspection, written confirmation was received from the manager that this had been completed.

There was evidence that systems and processes were in place to manage infection prevention and control, with regular monitoring of the environment and 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 Veronica McElmurry has been in the role of the Manager since 29 March 2024 and registered with RQIA on 19 December 2024.

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

There were systems in place to ensure that accidents and incidents were notified to patients' next of kin, the trust and to RQIA.

A record of complaints was held within the home. Review of a sample of complaints evidenced that these were appropriately addressed.

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 management team 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 by the home.

The home was visited each month by a representative of the responsible individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed and available for review by patients, their representatives, the Trust and RQIA.

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*	1*

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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Veronica McElmurry, Manager, as part of the inspection process and can be found in the main body of the report.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 1 August 2025	The registered person shall review the management of controlled drugs to ensure that controlled drugs are denatured prior to disposal and the controlled drug record book is accurately maintained.
	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. Ref: 2.0

Area for improvement 2 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 1 August 2025	The registered person shall ensure that medicine administration records generated in the home are checked and signed by two trained staff members to verify accuracy. **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.** Ref: 2.0
Action required to ensure compliance with the Care Standards for Nursing Homes, December 2022	
Area for improvement 1 **Ref:** Standard 29 **Stated:** First time **To be completed by:** 1 August 2025	The registered person shall ensure that records of disposal are accurately maintained to ensure a clear audit trail and include the date of disposal. **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.** Ref: 2.0

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

The Regulation and Quality Improvement Authority

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