The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Antrim Care Home**

Provider: **Hutchinson Homes Limited**

Date of Inspection: **1 April 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:	Hutchinson Homes Limited
Responsible Individual:	Ms Naomi Carey
Registered Manager:	Mrs Maria Margaret Bothwell
Service Profile – This home is a registered nursing home which provides nursing care for up to 51 patients. Patients' bedrooms are located on the ground floor and there are separate nursing and dementia units. The home provides care for patients living with dementia, physical disabilities and general nursing care for patients under and over 65 years of age. The home also provides intermediate care arrangements for patients who require a period of rehabilitation. Patients have access to communal lounges, dining rooms and garden areas.	

2.0 Inspection summary

An unannounced inspection took place on 1 April 2026 from 9.15 am to 5.45 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.

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 pleasant and treat you how you would like", "I am here for rehab. The food is excellent. I am very impressed and enjoy it. The staff are very helpful" and "I am very happy here."

Relatives commented positively about the overall provision of care within the home. Comments included: "It's a good home. I never hear complaints. The staff are nice" and "It is pleasant and the care is good. Everyone is friendly and involved in care."

Staff spoken with said that Antrim Care Home 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, "Everyone helps and works well together. I like the patients."

We did not receive any questionnaire responses from patients or their visitors or any responses from the staff online survey.

Healthcare professionals who were visiting the home at the time of this inspection told us that they were happy with the care given to patients. Comments included, "The staff are approachable and take on feedback. Communication is good."

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 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. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

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. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

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 and records maintained.

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.

Patients may need support with meals ranging from simple encouragement to full assistance from staff. It was observed that patients were appropriately supervised in keeping with their assessed needs. 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 Velcro darts, quizzes, armchair exercises, pet therapy, play your cards right and a visit from the Easter bunny. Patients said they were looking forward to the church service in the home that day.

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.

Review of a selection of care records evidenced that care plans were in place to meet patients assessed needs in a timely manner. Nursing staff recorded regular evaluations about the delivery of care.

3.3.4 Quality and Management of Patients' Environment

The home was neat and tidy and patients' bedrooms were personalised with items important to the patient. Whilst there was evidence of ongoing maintenance works to the home, surface damage was evident throughout the home in patient bedrooms to multiple walls which require painting. In addition, some bedside tables required replacing and electrical wiring was exposed in an identified bedroom. This was discussed with the manager who committed to reviewing the works required in the home without delay. An area for improvement was identified.

Concerns regarding the cleaning of patient equipment were identified. A number of armchairs, and wheelchairs were observed to be dirty. An area for improvement was identified.

Fire safety measures were in place to protect patients, visitors and staff in the home. The manager confirmed there were not outstanding actions following the most recent fire risk assessment.

Observation of staff and their practices evidenced that basic infection prevention and control (IPC) practices were not consistently adhered to. For example, all staff did not use personal protective equipment (PPE) correctly or take opportunities for hand hygiene particularly after contact with patients and the patients' environment. An area for improvement was identified.

Discussion with the manager confirmed there was no identified nurse to lead on IPC procedures and compliance within the home. Assurances were given that a registered nurse would be identified to lead on this role.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Maria Bothwell has been the registered manager in this home since 12 November 2024.

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.

However, based on the inspection findings and a review of a sample of audits it was evident that improvements were required regarding the audit process to ensure it was effective in identifying shortfalls and driving the required improvements; particularly in relation to oversight/management of care records, IPC practices and the home environment. An area for improvement was identified.

There was a system in place to manage any complaints received.

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	3	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Maria Bothwell, Registered 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** 1 April 2026	The registered person shall ensure the environmental deficits identified on inspection are addressed without delay. A suitable and achievable time bound refurbishment program for this work should be submitted, along with the returned QIP, for information and comment. Ref: 3.3.4
	Response by registered person detailing the actions taken: The environmental deficits identified on the day of the inspection have been addressed. on the 22nd May a refurbishment program is being processed which will be forwarded to the RQIA when a plan is agreed.
Area for improvement 2 **Ref**: Regulation 13 (7) **Stated:** First time **To be completed by:** 1 April 2026	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. This area for improvement relates to the following: • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene Ref: 3.3.4
	Response by registered person detailing the actions taken: Mandatory refresher courses have been arranged to take place throughout the month of May for all staff. This will be followed up by on the floor audits for donning and doffing of PPE. Direct observations on hand washing and opportunities for handwashing will be observed to ensure this is embedded into practice.
Area for improvement 3 **Ref:** Regulation 10 (1) **Stated:** First time **To be completed by:** 1 April 2026	The registered person shall review the home's current governance systems to ensure that they are effective in identifying deficits and in driving the necessary improvements within the various systems and processes in place to manage the nursing home safely and effectively. This includes, but is not limited to, care record, infection prevention and control and environmental audits. Ref: 3.3.5

	Response by registered person detailing the actions taken: New audit systems are being implemented that includes action plans to identify deficits and drive improvements which will include care records, infection prevention and environmental audits.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 46.2 **Stated:** First time **To be completed by** 1 April 2026	The registered person shall ensure that the environment in the home is managed to minimise the risk and spread of infection. This area for improvement specifically related to the cleaning of patient equipment within the home. Equipment cleaning records should evidence managerial oversight of all such records. Ref: 3.3.4
	Response by registered person detailing the actions taken: all identified equipment has a plan in place for routine cleaning with records kept of same. Compliance will be monitored on a daily basis

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