The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Carnmoyne**

Provider: **Benmacdui Ltd**

Date of Inspection: **19 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:	Benmacdui Ltd
Responsible Individual:	Mr Benjamin Logan
Registered Manager:	Mrs Emma Logan
Service Profile – This home is a registered residential care home which provides health and social care for up to 16 residents with sensory impairments, residents over 65 years of age, residents with mental health over 65 years of age, residents with physical disabilities over 65 years of age and residents with dementia. There are a range of communal areas throughout the home.	

2.0 Inspection summary

An unannounced inspection took place on 19 March 2026, between 10.00am and 4.45pm 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 January 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.

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 four areas for improvement were assessed as having been addressed by the provider. One area for improvement will be stated for a second time. Five areas for improvement will be reviewed at the next medicine management 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 resident's, 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 spoke positively about life in the home. Comments included, "The girls are fantastic!" and, "I am spoilt here!" Residents who were less well able to share their views were observed to be at ease in the company of staff and to be content in their surroundings.

One resident told us, "I am very content here. The staff are excellent and there is plenty of choice."

Another resident spoke of how, "The staff are brilliant, the manager is great. I have no concerns over care in the home."

Residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

There was evidence of residents' meetings which provided an opportunity for them to comment on aspects of the running of the home. For example, planning activities and menu choices.

Residents told us that staff offered them choices 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.

Two completed questionnaires from relatives all indicated high levels of satisfaction with the care and services provided in the home. Comments included, “Staff and management are brilliant, no complaints at all only praise.”

No completed responses to the resident questionnaire, or staff survey were received following the inspection.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction and ensuring that the number and skill of staff on duty each day meets the needs of residents. Recruitment files reviewed did not evidence always that a full employment history was being obtained, and that any gaps in employment were being investigated. An area for improvement was identified.

Review of mandatory training identified that staff compliance was low in areas such as Control Of Substances Hazardous to Health (COSHH), dysphagia, diabetes, and moving and handling training. An area for improvement was identified.

Residents 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 and that they were satisfied with the staffing levels.

It was not evident that all staff had a fire drill in the past year. An area for improvement was stated for a second time.

Regular ongoing staff meetings were not being held in the home. An area for improvement was identified.

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 resident 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 safe systems were in place to safeguard residents and to manage this aspect of care.

Review of falls and head injury management within the home, and in discussion with the manager, highlighted that post incident observations were not being recorded on a structured tool. The manger was signposted to the Public Health Agency (PHA), post falls guidance document (June 2025), for guidance on good practice. An area for improvement was identified.

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.

The dining experience was an opportunity for residents to socialise, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. It was evident that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

Arrangements were in place to meet residents' social, religious and spiritual needs within the home. Residents' needs were met through a range of individual and group activities such as musical activities, knitting, watching movies and religious activities. The recording of activities that residents participated in required to be more consistent. If a resident refuses to participate in an activity this needs to be recorded, the length of time of the activity also needs to be recorded. An area for improvement was identified.

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 plans reviewed did not make reference to the impact of a keypad door, in relation to Deprivation of Liberty Safeguards (DoLS). Other care plans reviewed did not make reference to the management of recent weight loss of a resident, and the care required for wound care for a resident. Care plans were not being regularly reviewed. Two areas for improvement were identified.

Care records were person centred. 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 clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

The laundry was unlocked. It was discussed with the manager for a risk assessment to be in place to allow for this. The manager agreed to complete this.

Review of records confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home's was safe to live in, work in and visit. For example resident call system checks, electrical installation checks and water temperature checks.

Hand towel dispensers and paper hand towels were not available in each bedroom within the home. This was discussed with the manager and 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.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Emma Logan has been the manager in this home since 30 October 2014.

Residents and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Audits being completed by management did not contain sufficient depth around the audit process, and there was a limited range of audits being completed. An area for improvement was identified.

Residents spoken with said that they knew how to report any concerns or complaints and said they were confident that the manager would address these

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*	13*

* the total number of areas for improvement includes one that has been stated for a second time and five which are carried forward for review at the next medicines management inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Emma Logan, 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:** From the date of inspection (16 May 2023)	The Registered Person shall ensure that the medicines are stored at the appropriate temperature: •The current, maximum and minimum temperature of the medicines refrigerator must be monitored and recorded each day. •The temperature of the medicines storage area must be monitored and recorded each day. 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 21 (1)(b) **Stated:** First time **To be completed by:** 1 May 2026	The Registered Person shall ensure that pre-employment information has been obtained prior to any persons commencing employment in the home. This is stated in relation to obtaining a full employment history and exploring any gaps in employment. Ref: 3.3.1
	Response by registered person detailing the actions taken: Both staff records now explain gaps in employment and application forms have been updated to capture any gaps in more detail.

Action required to ensure compliance with the Residential Care Homes Minimum Standards (version 1.1 Aug 2021)	
Area for improvement 1 **Ref:** Standard 30 **Stated:** Second time **To be completed by:** From the date of inspection (16 May 2023)	The Registered Person shall ensure that a robust auditing system, which covers all aspects of medicines management in the home, is implemented, appropriate action taken when necessary and a record maintained. 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 33 **Stated:** First time **To be completed by:** From the date of inspection (6 May 2023)	The Registered Person shall shall review the management of medicines prescribed on a 'when required' basis for distressed reactions to ensure that: • the reason for and the outcome of administration is recorded on every occasion. • the identified discrepancy is investigated and the outcome reported. 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 3 **Ref:** Standard 33 **Stated:** First time **To be completed by:** From the date of inspection (6 May 2023)	The Registered Person shall ensure that written confirmation of each resident's medicine regime is obtained at or prior to admission on every occasion. 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 4 **Ref:** Standard 30 **Stated:** First time **To be completed by:** From the date of inspection (16 May 2023)	The Registered Person shall ensure that all staff responsible for the management of medicines have received training and have an up to date competency assessment in place. 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 5 **Ref:** Standard 29.6 **Stated:** Second time **To be completed by:** 1 July 2026	The Registered Person shall ensure that all staff have attended a fire drill at least once annually, and records of this are maintained. Ref: 2.0 & 3.3.1
	Response by registered person detailing the actions taken: As of 08/05/26 all staff have attended a fire drill and this will be reviewed annually or if any new staff commence.
Area for improvement 6 **Ref:** Standard 23.3 **Stated:** First time **To be completed by:** 1 July 2026	The registered person shall ensure that mandatory training requirements are met. This is stated but not limited to COSHH, dysphagia, diabetes, and moving and handling training. Ref: 3.3.1
	Response by registered person detailing the actions taken: All staff have now completed mandatory training and compliance is currently 100%. This will be reviewed each month @ monitoring visit.
Area for improvement 7 **Ref:** Standard 25.8 **Stated:** First time **To be completed by:** 1 May 2026	The registered person shall endure that staff meetings take place on a regular basis and at least quarterly. Ref: 3.3.1
	Response by registered person detailing the actions taken: Staff meetings will now be held in the Home on a quarterly basis
Area for improvement 8 **Ref**: Standard 21 **Stated:** First time **To be completed by:** 1 May 2026	The registered person shall review and update the home's falls policy in accordance with best practice guidelines. Ref: 3.3.2
	Response by registered person detailing the actions taken: The post fall assessment and management tool has now been implemented.

Area for improvement 9 **Ref:** Standard 13 **Stated:** First time **To be completed by:** 1 May 2026	The registered person shall ensure a record is kept of all activities that take place in the home, and that these are recorded consistently. If a resident refuses to attend an activity, this needs to be recorded. The length of time of the activity needs to be recorded as well. Ref: 3.3.2
	Response by registered person detailing the actions taken: The activity records are now recorded consistently and include if a resident refuses to attend and the duration of activity.
Area for improvement 10 **Ref:** Standard 6.6 **Stated:** First time **To be completed by:** 1 May 2026	The registered person shall ensure care plans are kept up to date and reflects residents' current needs. This is stated in relation to: • The impact of a locked keypad on DOL safeguards. • The management of weight loss • The management of wound care. Ref: 3.3.3
	Response by registered person detailing the actions taken: All care plans have been updated to reflect residents current need, including but not limited to above.
Area for improvement 11 **Ref:** Standard 6 **Stated:** First time **To be completed by:** 1 May 2026	The registered person shall ensure care plans are regularly reviewed Ref: 3.3.3
	Response by registered person detailing the actions taken: Care plans have been updated and will be reviewed regularly in line with standard 6.
Area for improvement 12 **Ref:** Standard E38 **Stated:** First time **To be completed by:** 1 July 2026	The registered person shall ensure that there are hand towel dispensers available in areas where care is provided. Ref 3.3.4
	Response by registered person detailing the actions taken: Hand towel dispensers have now been installed in all areas where direct care is provided. (14 hand towel dispensers)

Area for improvement 13 **Ref:** Standard 20.10 **Stated:** First time **To be completed by:** 1 May 2026	The registered person shall ensure there is a range of audits being completed in the home, with clear action plans. Ref: 3.3.5
	Response by registered person detailing the actions taken: Current auditing systems have been updated to reflect an enhanced approach to current legislation & requirements. We will continue to carry these out on a regular basis.

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