The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Giboney House

Provider: Clanmil Housing Association

Date of Inspection: 2 April 2026 & 9 April 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:	Clanmil Housing Association
Responsible Person:	Mrs Carol McTaggart
Registered Manager:	Mrs Lesley McKillen - not registered

Service Profile –

This home is a registered residential care home which provides health and social care for up to 15 residents. Residents have a range of needs and the home provides care for residents living with a mental health disorder excluding learning disability, residents living with dementia and general residential care.

Residents' bedrooms all have en-suite facilities and are located over two floors. Residents have access to a communal lounge, dining area and an outdoor garden.

2.0 Inspection summary

An unannounced inspection took place on 2 April 2026, from 10.30 am to 2.15 pm by a pharmacy inspector; and on 9 April 2026, between 9.45 am and 5.20 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 17 June 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Mostly satisfactory arrangements were in place for the safe management of medicines. Medicines were stored securely. Medicine records and medicine related care plans were mostly well maintained. There were effective auditing processes in place to ensure that staff were trained and competent to manage medicines and residents were administered their medicines as prescribed. However, improvements were necessary in relation to maintaining records of administration for the use of thickening agents.

Whilst an area for improvement was identified, there was evidence that with the exception of a small number of medicines, residents were being administered their medicines as prescribed. While we found care to be delivered in a compassionate manner, improvements were required to ensure the effectiveness and oversight of staffing arrangements within the home.

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.

Staff raised concerns regarding the high use of agency with in the home. Staff also expressed concerns regarding a lack of support from senior managers within the organisation.

Following the care inspection, an enhanced feedback meeting was held on 21 April 2026 with Lesley Mckillen, manager, and senior management from Clanmil Housing Association, to discuss the inspection findings. The management team offered assurances that the areas identified during the inspection would be addressed.

As a result of this inspection one area for improvement was assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next 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 described staff as “Lovely,” and “Very good”. Residents spoken with said that they were happy living in Giboney House. Comments included, “Yes, we are well looked after,” and “The staff are excellent, they can’t do enough for you, they are all very friendly.”

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.

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

Staff said there was good teamwork within the home. However, a number of staff also expressed concerns about staffing levels and the use of agency staff in the home. Specific feedback was discussed in detail with the manager throughout the inspection and during a feedback meeting on 21 April 2026. The manager confirmed that she was aware of these concerns. This is discussed further in section 3.3.1 of the report.

A visitor in the home commented on the “Excellent care” her relative was receiving and said, “They are so good here, the communication is excellent.”

A contractor carrying out work in the home said that that felt the home was a “Nice place.”

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. It was positive to see an improvement in the oversight of the recruitment process within the home; however, some gaps remain in the recruitment checklist. For example, there was no evidence that the employment history for one member of staff had been reviewed. An area for improvement was identified.

A number of staff raised concerns about staffing levels and low staff morale in the home. Staff commented on the ‘high use’ of agency staff and reported that they did not feel listened to. Staff did however acknowledge that the manager was supportive to them.

A review of the duty rota evidenced that the home was operating within their planned staffing model. On the day of the inspection, one agency staff member was working in the home. The review of the duty rota confirmed that there was a high reliance on agency staff over the previous weeks. The full names of staff working in the home had not been recorded on the rota. An area for improvement was identified.

There was no person in charge competencies carried out for agency staff who had the responsibility of being in charge of the home in the absence of the manager. An area for improvement was identified.

The induction records for one new member of staff had not been completed within the identified timeframes. The manager confirmed that she was in the process of updating these records; this will be reviewed at a future inspection.

The training matrix was not available for review and the manager was unable to access this during the inspection. An area for improvement regarding mandatory training has been stated for a second time.

There was evidence that staff had received their formal appraisal; however, there was limited evidence that all staff had received formal supervision within the required timeframes. In addition to this, access to the supervision matrix was not available. An area for improvement has been stated for a second time. The need for the manager to have adequate access to relevant records was also discussed during the meeting on 21 April 2026. Access to records is discussed further in section 3.3.5.

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. Detailed handover records were available for staff at the commencement of each shift. The staff on duty in the home 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 mostly skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. However, whilst we observed some positive interactions between residents and staff, interactions between some staff and residents were neutral and task orientated in nature. This was discussed with the manager for her review and action.

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

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.

There was limited evidence of meaningful staff oversight during the mealtime experience. There was no identified mealtime coordinator and no safety pause. The mealtime experience appeared rushed and task orientated, which was not conducive to residents having a calm and pleasurable experience. This was discussed with the manager and area for improvement regarding a review of the mealtime experience was identified.

There was a lack of choice of consistent meaningful activities provided in the home. Staff reported that they tried to fit activities in, however at they found this difficult due to spending time directing and supporting agency staff in the home. This was discussed with the manager who confirmed that she was aware of this and was reviewing the activities provided in the home. This will be reviewed at a future inspection

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 person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. 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. Residents' commented positively on the cleanliness of the home, one resident said, "My room is kept so clean, it is done every day."

'Homely' touches such as snacks and drinks were available for residents in the dining area.

Review of records and discussion with the manager confirmed environmental and safety checks were carried out on a regular basis.

There was evidence that systems and processes were in place to manage infection prevention and control that included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance. PPE stations were sufficiently stocked with aprons and gloves. However, during the lunchtime meal staff did not carry out hand hygiene in accordance with the regional guidance. An area for improvement was identified.

3.3.5 Quality of Management Systems

There has been a change in the management of the service since the last inspection. Mrs Lesley McKillen has been the acting manager in this home since 15 December 2025. The manager confirmed she had received an induction but no documentary evidence was available for inspection.

As discussed in section 3.3.1, there was a lack of records available during the inspection in relation to staff training, staff supervision or the manager's induction. This was discussed with the manager and an area for improvement was identified.

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. There was evidence that the manager 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 registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. Areas for improvement were identified during the monthly monitoring visits as an action; however, these actions were not reviewed during the following visit making it unclear as to whether they had been addressed or not. An area for improvement was identified.

3.3.6 Medicines Management

Monitoring and review of medicines management

Residents in residential care homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times residents' needs may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by a GP, a pharmacist or during a hospital admission.

Residents in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each resident. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

The personal medication records reviewed were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to confirm that they were accurate. A small number of minor discrepancies were highlighted to staff for immediate corrective action and on-going vigilance.

Copies of residents' prescriptions/hospital discharge letters were retained so that any entry on the personal medication record could be checked against the prescription.

All residents should have care plans, which detail their specific care needs and how the care is to be delivered. In relation to medicines, these may include care plans for the management of distressed reactions, pain, modified diets etc.

The management of distressed reactions and pain was reviewed. Care plans contained sufficient detail to direct the required care. Medicine records were well maintained. The audits completed indicated that medicines were administered as prescribed.

Some residents may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals.

Care plans detailing how the resident should be supported with their food and fluid intake should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the resident.

The management of thickening agents and nutritional supplements was reviewed. Speech and language assessment reports and care plans were in place. Records of prescribing were maintained, which included the recommended consistency level. Records of administration of thickening agents were not maintained. This was discussed with the manager during the inspection and an area for improvement was identified.

Supply, storage and disposal

Medicine stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the resident's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

Records reviewed showed that medicines were available for administration when residents required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicine storage area was observed to be securely locked to prevent any unauthorised access. It was tidy and organised so that medicines belonging to each resident could be easily located. Temperatures of medicine storage areas were monitored and recorded to ensure that medicines were stored appropriately. Satisfactory arrangements were in place for medicines requiring cold storage, the storage of controlled drugs and the safe disposal of medicines.

Medicines administration

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment.

A sample of the medicines administration records was reviewed. Most of the records were found to have been accurately completed; with the exception of administration records for thickening agents (see section 3.3.1). A small number of missed signatures were brought to the attention of the manager for ongoing monitoring. Records were filed once completed and were readily retrievable for audit/review.

Controlled drugs are medicines, which are subject to strict legal controls and legislation. They commonly include strong painkillers. The receipt, administration and disposal of controlled drugs should be recorded in the controlled drug record book. There were satisfactory arrangements in place for the management of controlled drugs.

Management and staff audited the management and administration of medicines on a regular basis within the home. There was evidence that the findings of the audits had been discussed with staff and addressed. The date of opening was recorded on medicines to facilitate audit and disposal at expiry.

Transfer of medicines

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.
There had been no recent admissions/readmissions to the home. Staff advised that robust arrangements were in place to ensure that they were provided with a current list of the resident's medicines and this was shared with the GP and community pharmacist.

Management of medicines incidents

Occasionally medicines incidents occur within homes. It is important that there are systems in place, which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents.

Management and staff were familiar with the type of incidents that should be reported. The medicine related incident, which had been reported to RQIA since the last inspection was discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and the learning shared with staff in order to prevent a recurrence.

The audits completed at the inspection indicated that the majority of medicines were being administered as prescribed. However, audit discrepancies were observed in the administration of a small number of medicines. The audits were discussed in detail with the manager for on-going monitoring.

Medicine management training

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and that they are supported. Policies and procedures should be up to date and readily available for staff reference.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Medicines management policies and procedures were in place.

It was agreed that the findings of this inspection would be discussed with staff to facilitate the necessary improvements.

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	9*

* 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 Lesley McKillen, 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 21 (1) (b) Schedule 2 (6) **Stated:** First time **To be completed by:** 30 April 2026	The registered person shall ensure that all staff recruited to the home have completed a full employment history and the registered person has oversight of recruitment records. Ref: 3.3.1
	Response by registered person detailing the actions taken: As discussed with the inspector HR records are held centrally at our Head Office in Belfast and will not be held at the home. We have agreed to have a checklist for each colleague available at the home, indicating that all employment checks and evidence of history have been checked off. This will be signed by the registered person and available at each home. Should RQIA wish to see further records they can be viewed at our Head Office or requested samples scanned to the home on the day of inspection.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 **Ref:** Standard 23 **Stated:** Second time **To be completed by:** 30 April 2026	The registered person shall ensure that staff who work in the home receive mandatory training as appropriate to their role. This area for improvement includes but is not limited to mandatory training with regards to fire awareness. Ref 2.0 & 3.3.1
	Response by registered person detailing the actions taken: Staff starting in the home will be enrolled for all the mandatory training that assists and supports them to carry out the role and function of their jobs. Emphasis will now be placed on service specific training which can be provided in the home and for online training until the staff member can be enrolled for group face to face training. This is being implemented. HR and Registered person will be more robust in their operation and organising of training and will liaise with Home Managers who will hold overall oversight of the training matrix.
Area for improvement 2 **Ref:** Standard 24.2 **Stated:** Second time	The registered person shall ensure that all staff have recorded individual, formal supervision no less than every six months. Ref: 2.0 & 3.3.1

To be completed by: 30 April 2026	**Response by registered person detailing the actions taken:** This is under review to be rolled out to ensure these are in place for all HWc colleagues.
Area for improvement 3 **Ref:** Standard 25.3 **Stated:** First time **To be completed by:** 30 April 2026	The registered person must ensure agency staff who have the responsibility for taking charge of the home are appropriately inducted to undertake the role and a person in charge competency assessment is carried out. Ref: 3.3.1
	Response by registered person detailing the actions taken: Action plan on induction of agency plan is now in place to sign of competencies assessments / checks
Area for improvement 4 **Ref:** Standard 25.6 **Stated:** First time **To be completed by:** 30 April 2026	The registered person shall ensure that the duty rota clearly identifies the full name and designation of all staff Ref: 3.3.1
	Response by registered person detailing the actions taken: The rota will be updated to include Christian name as well as surname & role.
Area for improvement 5 **Ref:** Standard 12 **Stated:** First time **To be completed by:** 31 July 2025	The registered person shall review the dining experience for residents to ensure that the mealtime experience is safe, relaxed and not rushed and that a record of this review is available for inspection. Ref: 3.3.2
	Response by registered person detailing the actions taken: We are disappointed that this was the inspectors experience and is not our usual standard. However, we have listened to how the inspector experienced the meal service. This is not our normal standard are implementing some changes to enhance meal time experience.
Area for Improvement 6 **Ref:** Standard 35.7 **Stated:** First time **To be completed by:** 9 April 2026	The registered person shall ensure that all staff are aware of the importance of hand hygiene and that staff remain bare below the elbows at all times. Ref: 3.3.4

	Response by registered person detailing the actions taken: This will be reinforced in Giboney as it has been in operation in our sister home and will be shared with all colleagues across our homes, monitored and addressed by seniors and managers.
Area for Improvement 7 **Ref:** Standard 22 **Stated:** First time **To be completed by:** 9 April 2026	The registered person shall ensure that that records required by RQIA are up to date, accurate and available for inspection. This area for improvement is written in reference to staff training records, evidence of staff supervision dates and the manager's induction. Ref: 3.3.5
	Response by registered person detailing the actions taken: The Manager's induction is complete and retained at our Head Office within her personel file, and available on request. The training and supervision matrix is under review and the recommendation is accepted on this part.
Area for improvement 8 **Ref:** Standard 20.10 **Stated:** First time **To be completed by:** 30 April 2026	The registered person shall ensure that in order to drive improvement, when actions are identified during the monthly monitoring process, these actions are reviewed in a timely manner. Ref: 3.3.5
	Response by registered person detailing the actions taken: As discussed with the inspector, we have a computer system that manages tasks and actions across the organisation to enhance oversight and transparency. However, we recognise that this hasn't been as effective in our care homes and have revised a simpler process for the monitoring of actions.
Area for improvement 9 **Ref:** Standard 31 **Stated:** First time **To be completed by:** 2 April 2026	The registered person shall ensure that records of administration of thickening agents are appropriately maintained. Ref: 3.3.6
	Response by registered person detailing the actions taken: Records for thickening agents used is now recorded on medication kardex, daily notes detailing the fluid intake being thickened and to the consistebncy as stated by SALT. Staff have training through care fundamentals and also through the provision of an IDDIS file located in the kitchen area for ataff awareness. Care plans also details the support the resident requires in support of their daily fluid intake.

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The Regulation and Quality Improvement Authority

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