The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Malone

Provider: Malone Residential Home

Date of Inspection: 23 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:	Malone Residential Home
Responsible Individual:	Mr Kevin McKinney
Registered Manager:	Mr Kevin McKinney

Service Profile:
This home is a registered Residential Care Home which provides health and social care for up to 28 residents. The home is registered to provide general health and social care for those over 65 years of age, up to 10 residents living with dementia and up to 3 residents under 65 years of age.

Residents bedrooms are located over two floors in the home. The lounge, dining room and conservatory are located on the ground floor. The home has a large external garden for residents to enjoy.

2.0 Inspection summary

An unannounced care inspection took place on 23 April 2026, from 9.15 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 24 April 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 care was found 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 from the previous care inspection were assessed as having been addressed by the provider. One area for improvement relating to medicines management was not assessed and will be reviewed 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 told us they were happy living in the home, they felt well looked after and listened to by staff and management. Resident's comments included "staff are excellent", "staff are more than helpful" and "I have everything I need here".

Staff spoke positively in terms of the provision of care in the home and their roles and duties. Staff told us that the manager was supportive and available for advice and guidance.

One questionnaire response was received from a relative following the inspection. They confirmed they were satisfied with the care and services provided in 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 residents. There was evidence of robust systems in place to manage staffing.

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 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. For example; if they wished to have a lie in or if they preferred to eat their breakfast later than usual.

The staff training matrix evidenced good over all compliance with mandatory training requirements.

Discussion with staff and review of the staff supervision matrix evidenced that staff had not received supervision in line with the required standard of twice per year. An area for improvement has been identified.

There were no competency and capability assessments available for review for person left in charge of the home in absence of the manager. An area for improvement has been identified.

The staff duty rota did not include the hours that the manager was rostered to work in the home and staff were not aware of when the manager was expected in the home. It was also unclear from the rota the hours and capacity in which the deputy manager worked. An area for improvement has been identified.

3.3.2 Quality of Life and Care Delivery

All care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the relevant information about the residents, especially any changes to care, that they needed to assist them in their caring roles.

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

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

While we observed some positive interactions between residents and staff, there was a concern noted with staff supervision in the main lounge area of the home. It was noted that a large number of residents were in the lounge for twenty-five minutes with no staff supervision.

Allocation of staff was discussed with the manager and an area for improvement has been identified.

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.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to their GP if required.

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 served in the main dining room confirmed that enough staff were present to support residents with their meal and that the food served appeared appetising and nutritious. However, there was a delay in some residents receiving their meal. This was discussed with the manager and advice was provided to consider completing a dining experience audit. This will be reviewed at a future inspection.

Activities for residents were provided which included both group and one to one activities. Residents told us that they were offered a range of activities and spoke highly of the staff involved in delivering activity provision in the home.

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.

Care records were person centred, mostly 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, warm and comfortable for residents. Bedrooms were tidy and personalised with photographs and other personal belongings for residents. Communal areas were well decorated, suitably furnished and homely.

Observations identified some concerns regarding environmental risk management. For example; the cleaning trolley had been left unattended in a bedroom with access to cleaning chemicals; presenting a potential risk to residents. Carpet cleaner was also identified in one residents en suite bathroom. An area for improvement has been identified.

It was also noted that in a number of resident's bedrooms there was access to prescribed topical lotions which should be stored safely. An area for improvement has been identified.

There were some infection prevention and control deficits identified, for example equipment used by residents such as a raised toilet seats in one bathroom had rusted and could not be effectively cleaned. In one communal bathroom, there was evidence that a continence product and toothbrush had not been stored appropriately. An area for improvement has been identified.

The Fire Risk Assessment (FRA) was over due for review, however written assurances were provided to RQIA post-inspection that the review had been completed as required. This will be reviewed at a future inspection.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Mr Kevin McKinney has been the manager of the home since 30 November 2025.

Management arrangements in the home were reviewed and through observation and discussion with staff, it was identified that the deputy manager was undertaking the day-to-day management duties in the home. RQIA discussed this with the Responsible Individual for the home and wrote to them following the inspection to seek further assurances in relation to management arrangements in the home.

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 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 in the home.

A review of staff meeting minutes highlighted that the last staff meeting took place on 7 July 2025. Staff meetings should take place at least quarterly. An area for improvement has been identified.

Staff told us that they would have no issue in raising any concerns regarding residents' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further.

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*	6

* the total number of areas for improvement includes one regulation which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Kevin McKinney, 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:** Second time **To be completed by:** 25 July 2023	The Registered Person shall ensure the controlled drug record book is accurately maintained. 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 (1) (b) **Stated:** First time **To be completed by:** 23 April 2026	The Registered Person shall ensure that staff are allocated to supervise the communal lounge area in order to ensure that resident's needs are being met and to ensure safety within the environment. Ref: 3.3.2
	Response by registered person detailing the actions taken: Staff have been reminded of the need for constant superivisions of lounge area throughout the day to ensure a safe environment for residents, and their needs are being met.
Area for improvement 3 **Ref:** Regulation 14 (2) (a) **Stated:** First time **To be completed by:** 23 April 2026	The Registered Person shall ensure that as far as reasonably practicable all parts of the residential home to which residents have access are free from hazards to their safety. Ref: 3.3.4
	Response by registered person detailing the actions taken: Housekeeping staff have been reminded that cleaning trolleys should not be left unattended and chemicals should not be left off the trolley or anywhere that will cause a potential hazard/risk to residents safety.

Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022) (Version 1:2)	
Area for improvement 1 **Ref:** Standard 24.2 **Stated:** First time **To be completed by:** 1 June 2026	The Registered Person shall ensure that all staff receive regular supervision no less than every six months. Ref: 3.3.1
	Response by registered person detailing the actions taken: Staff superivions have now been completed, next staff supervisions are scheduled for November/December 2026.
Area for improvement 2 **Ref:** Standard 25.3 **Stated:** First time **To be completed by:** 1 June 2026	The Registered Person shall ensure that competency and capability assessments are completed for any staff left in charge of the home, in absence of the manager. These should be kept under review. Ref: 3.3.1
	Response by registered person detailing the actions taken: Competency and capability assessments for staff in charge of the home in the absence of the manager are now in place.
Area for improvement 3 **Ref:** Standard 25.6 **Stated:** First time **To be completed by:** 1 June 2026	The Registered Person shall ensure that the manager and deputy manager hours and in what capacity that they have worked are recorded on the duty rota. Ref: 3.3.1
	Response by registered person detailing the actions taken: RQIA has been notified Julie McCarthy, Deputy Manager has been appointed Acting Manager with protected 30 hours, identified on the duty rota.
Area for improvement 4 **Ref:** Standard 32 **Stated:** First time **To be completed by:** 23 April 2026	The Registered Person shall ensure that all topical lotions are stored safely and securely in the home Ref: 3.3.4
	Response by registered person detailing the actions taken: Staff have been reminded of the importance of ensuring all topical creams are stored in a safe and secure place.

Area for improvement 5 **Ref:** Standard 28.3 **Stated:** First time **To be completed by:** 23 April 2026	The Registered Person shall ensure the infection prevention and control issues identified during this inspection are addressed and monitored by management. Ref: 3.3.4
	Response by registered person detailing the actions taken: Infection prevention and control issues have been addressed. the raised toilet seat with rust has been replaced. Infection prevention has been addressred with staff highlighting the importance of appropriate storage of products in all bathrooms.
Area for improvement 6 **Ref:** Standard 25.8 **Stated:** First time **To be completed by:** 1 June 2026	The Registered Person shall ensure that staff meetings take place on a regular basis, at least quarterly. Ref: 3.3.5
	Response by registered person detailing the actions taken: Staff meeting has been arranged for 26th June, with next staff meeting scheduled for end September 2026.

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

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