

Inspection Report

Name of Service: Ladyhill Private Nursing Home

Provider: Town & Country Care Homes Limited

Date of Inspection: 19 June 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:	Town & Country Care Homes Limited
Responsible Individual:	Mr Christopher Philip Arnold
Registered Manager:	Miss Faye McDonnell – not registered
Service Profile – This home is a registered nursing home, which provides nursing care for up to 28 patients, within the learning disability category of care. Accommodation is on a ground floor level, with a range of communal areas throughout the home and patients have access to an enclosed courtyard garden and grounds.	

2.0 Inspection summary

This unannounced inspection took place on 19 June 2026, from 9.30 to 4pm. The inspection was conducted 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 they were well cared for and staff were kind and attentive. Patients who were unable to articulate their views were seen to be comfortable and at ease in their environment and interactions with staff.

Staff spoke positively about the provision of care, staffing levels, training, teamwork and managerial support.

Three areas of improvement were made as a result of this inspection. These were in respect of falls management training, décor of the environment and risk assessment of free standing wardrobes.

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 said that they were happy with the care in the home and staff were kind and attentive and they enjoyed the meals. Those patients who were unable to articulate their views were seen to be comfortable and at ease in their environment and interactions with staff.

Three visiting relatives said that they were very happy with the care and the kindness and support received from staff, and said that management were very approachable.

Staff spoke positively about their roles and duties, the provision of care, staffing levels, training and managerial support.

One visiting healthcare professional said that they felt the care was very good and staff were receptive to advice.

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, supervision and appraisal, 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.

Staff said that they felt well supported in their role and that they were satisfied with the staffing levels.

Observation of the delivery of care evidenced that patients' needs were met by the number of staff on duty.

There was an effective system in place to manage the registration of nurses with the Nursing & Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC).

3.3.2 Quality of Life and Care Delivery

Staff were observed to be prompt in recognising patients' needs and any early signs of distress, 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.

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

At times some patients may require the use of equipment that could be considered restrictive or 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.

Examination of care records and discussion with the manager confirmed that the risk of falls were managed and referrals were made to other healthcare professionals as needed. For example, patients were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy. An area of improvement was made for all nursing and care staff to receive falls management training.

Observation of the dinner time meal, review of records and discussion with patients and staff indicated that there were systems in place to manage patients' nutrition and mealtime experience.

Patients spoke positively on the meals including the provision of choice.

A varied programme of activities and events was in place for patients to avail.

3.3.3 Management of Care Records

Patients' care records were maintained safely and securely.

The manager confirmed that a preadmission assessment is undertaken before a patient is admitted to the home. This is to ensure that the home can meet the assessed needs. Following admission care plans are developed to direct staff how to meet patients' needs. These included any advice or recommendations made by other health care professionals.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet patients' needs.

Daily evaluations of care were generally well written with issues of assessed need having a recorded statement of care / treatment given with effect of same.

3.3.4 Quality and Management of Patients' Environment

The home was clean and tidy. Patients' bedrooms were comfortable and personalised. Communal areas were suitably furnished and homely. Bathrooms and toilets were clean and hygienic.

Many areas of the environment including bedrooms, lounges and corridors had scuffing and tired paintwork. One patient referred to the paintwork in one of the lounges as being "drab". An area of improvement was made for a time bound action plan to be submitted detailing how these areas will be addressed.

A number of wardrobes were free standing and posed a risk if a patient were pull on same in the event of a fall. An area of improvement was made for all free standing wardrobes to be risk assessed in accordance with current safety guidance with subsequent appropriate action.

The grounds of the home were suitably maintained with good accessibility for patients to avail of.

Cleaning chemicals were stored safely and securely.

The home's most recent fire safety risk assessment was dated 26 May 2025. There was corresponding evidence recorded of the actions taken in response to the four recommendations made from this assessment.

Fire safety training, fire safety drills and fire safety checks were maintained on a regular and up-to-date basis.

Review of records and observations confirmed that appropriate 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

Miss Faye McDonnell the acting Registered Manager of the home and it was confirmed that they will be coming forth to apply for registration with RQIA.

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

The manager had processes in place to monitor the quality of care and other services provided to patients. Systems of audit and quality assurance were well maintained with action plans in place to address any issues identified.

Visiting relatives said that they knew how to report any concerns/complaints and said they were confident that the manager would address their concerns.

Records of the visits on behalf of the responsible individual were informative and detailed with good evidence of governance oversight.

4.0 Quality Improvement Plan/Areas for Improvement

Three 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 three areas for improvement and details of the Quality Improvement Plan were discussed with Miss Faye McDonnell, 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: 19 July 2026	The Registered Person shall submit a time bound action plan detailing how the deficits in the home's decor will be addressed. Ref: 3.3.4 Response by registered person detailing the actions taken: In accordance with Regulation 27, a time-bound action plan was submitted on 26 June 2026 as requested. Remedial works commenced immediately and the action plan with timescales is being followed. The Acting Nurse Manager will continue to

	provide oversight of the action plan, monitor progress against the identified actions, and ensure that all actions are completed appropriately and within the agreed timeframe. Resident/ relatives views on décor will also be taken in account as part of this plan.
Area for improvement 2 Ref: Regulation 27(2)(t) Stated: First time To be completed by: 26 June 2026	The Registered Person shall risk assess all free standing wardrobes in accordance with current safety guidance with subsequent appropriate action. Ref: 3.3.4 Response by registered person detailing the actions taken: On 22 June 2026, all free-standing furniture was audited to determine whether it was appropriately secured in compliance with Regulation 27. The findings of the audit were discussed with the Maintenance Manager. The Acting Nurse Manager can confirm that all identified issues were addressed promptly on 23 June 2026 to ensure compliance and minimise any associated risks. The Acting Nurse Manager will maintain oversight by completing this audit on a quarterly basis to ensure ongoing compliance with Regulation 27 and to identify and address any issues promptly.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 39(4) Stated: First time To be completed by: 19 July 2026	The Registered Person shall ensure all nursing and care staff receive falls management training. Ref: 3.3.2 Response by registered person detailing the actions taken: On 25th June 2026, all staff were provided with an electronic training PowerPoint on falls prevention. Staff were required to confirm receipt and understanding of the training or seek further support from the Acting Nurse Manager where necessary. Falls

	prevention has also been incorporated into the mandatory training programme to ensure ongoing staff knowledge and competence. The findings from post-falls reviews continue to be discussed with staff during staff meetings and supervision sessions to enhance their knowledge, support the identification of risk factors, and implement measures to reduce the risk of falls as far as is reasonably practicable. Falls Training for staff is also available via the Clinical Education Centre.

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