The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Laganvale Care Home**

Provider: **Ann's Care Homes**

Date of Inspection: **11 August 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:	Ann's Care Homes
Responsible Individual/Responsible Person:	Mrs Charmaine Hamilton
Registered Manager:	Mrs Clare McBride
Service Profile – Laganvale Care Home is a nursing home which is registered to provide nursing care for up to 72 patients. The home is divided into two units and care is provided over two floors. The unit on the ground floor provides care for patients living with dementia and the first floor provides general nursing care. Patients have access to communal lounges, dining rooms and a garden space.	

2.0 Inspection summary

An unannounced inspection took place on 11 August 2026 from 9:30am to 5:10pm by two care inspectors.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; to assess progress with the areas for improvement identified, by RQIA during the last care inspection on 17 December 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection evidenced that safe, effective, compassionate care was delivered to patients, 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 patients and that staff were knowledgeable and well trained to deliver safe and effective care.

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.

As a result of this inspection, two of the previous areas for improvement identified in December 2025 were assessed as having been addressed by the provider. Three medicines management

areas for improvement have been carried forward for review. There were no new areas for improvement identified. Details can be found in the main body of this report.

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 who were able to share their opinions on life in the home said or indicated that they were well looked after. Patients who were less able to share their views were observed to be at ease in the company of staff and to be content in their surroundings.

Patients told us that staff offered choices to them 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. Comments included "its very good, I like to walk around".

Two relatives spoken with during the inspection were very satisfied with the overall provision of care. Comments included: "there is good communication with the staff and my …is always well presented"

Following the inspection, a patient/relative questionnaire response was received, and indicated that they were very satisfied with the care and services provided in Laganvale Care Home. Comments included "friendly and helpful, the nurses are brilliant and the manager takes time, very helpful". There were no other responses received within the allocated timeframe.

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. A system was in place to ensure all appropriate recruitment safety checks had been verified prior to staff commencing in post. Newly employed staff completed an induction at the commencement of their employment which included mandatory training.

Appropriate checks had been made to ensure that nursing staff and care workers maintained their registration with their applicable professional bodies. A record is maintained by the Manager of any registrations pending.

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

Staff told us that the patients' needs and wishes were important to them and staff responded to requests for assistance promptly in a caring and compassionate manner. It was clear through observation of the interactions between the patients and staff that the staff knew the patients well.

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 patients. Staff confirmed that they received a detailed handover at the commencement of their shift and the information shared included important aspects of patients' needs, especially changes to care. All staff received a handover sheet which was updated daily and contained the pertinent patient details.

It was observed that staff respected patients' privacy; they knocked on doors before entering bedrooms and bathrooms and offered personal care to patients discreetly.

The staff members were seen to speak to patients in a caring and professional manner; they offered patients choice and options throughout the day regarding, for example, where they wanted to spend their time or what they would like to do.

Patients were well presented in their appearance and where able, told us that they were happy living in the home.

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 who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. A review of repositioning records evidenced that patients were repositioned frequently. It was observed that one airflow mattress was not set correctly to the patients' current weight; this was addressed on the day of

inspection. We discussed how the system to review mattress settings could be improved; assurances were provided by the manager that this would be addressed. This will be followed up at a future inspection.

Examination of care records and discussion with staff confirmed that the risk of falling and falls were well 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.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The serving of the lunchtime meal was observed. Staff ensured that patients were comfortable throughout their meal. The daily menu was available showing patients what was available at each mealtime; a discussion took place with the manager to review the menu display to support patients living with dementia. A choice of meal was offered and the food was attractively presented and smelled appetising. An effective system was in place to identify which meal was for each individual patient, to ensure patients were served the right consistency of food and their preferred menu choice. Meals were appropriately covered on transfer whilst being taken to patients' rooms. There was a variety of drinks available. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Patients told us that they enjoyed their meal.

Arrangements were in place to meet the patients' social, religious and spiritual needs within the home. Activities for patients were provided which involved both group and one to one activities. Birthdays and annual holidays were celebrated. Planned activities included for example, exercise, games, chatting and reminiscence.

3.3.3 Management of Care Records

Patients' 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 patients' needs and included any advice or recommendations made by other healthcare professionals. A system was in place to ensure care plans and risk assessments were developed in a timely manner, where a gap was identified this was discussed with the manager for immediate review and action as appropriate.

Care records were person centred and regularly reviewed to ensure they continued to meet the patients' needs.

Patients care records were held confidentially.

3.3.4 Quality and Management of Patients' Environment

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was warm, clean and comfortable. Patients' bedrooms were clean, tidy and personalised with items of importance to each patient, such as family photos and sentimental items.

A small number of patient bedrooms on the ground floor dementia unit contained some toiletries and drinks that could be potentially accessed by patients. Discussion with management confirmed that risk assessments are undertaken and regularly reviewed.

Since the last inspection, refurbishment work to communal areas and general decoration had commenced; with some areas still to be completed. This action by the provider aims to enhance the dining, garden and communal space for patients to enjoy, progress will be reviewed at a future inspection.

Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible.

Infection control and environmental audits were completed to monitor the environment and staffs' practices. Housekeeping audits monitored the cleanliness in the home. Personal protective equipment and hand hygiene facilities were readily available throughout the home.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Clare McBride is the Registered Manager of the home. Staff spoke positively about the managerial arrangements in the home, saying there was good support and availability from the management team.

Discussion with the Manager and review of records evidenced that a number of audits were completed to assure the quality of care and services.

The Manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

The Manager maintained records of regular staff and departmental meetings. The records contained an attendance list and the agenda items discussed. Meeting minutes were available for those staff who could not attend.

Systems were in place to ensure that complaints were managed appropriately.

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.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

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*	1*

* the total number of areas for improvement includes three which are carried forward for review at the next inspection.

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the management team as part of the inspection process and can be found in the main body of the report.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 6 November 2025	The registered person shall ensure that the temperature of medicines refrigerators is maintained between 2°C and 8°C and that corrective action is taken if the temperature is outside of this range. Ref: 2.0 & 3.3.2
	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 (4) **Stated:** First time **To be completed by:** 6 November 2025	The registered person shall ensure that robust systems are in place to monitor the expiry dates of medicines to ensure that medicines are not administered after expiry. Ref: 2.0 & 3.3.3
	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.
Action required to ensure compliance with the Care Standards for Nursing Homes, December 2022	
Area for improvement 1 **Ref:** Standard 18 **Stated:** First time **To be completed by:** 6 November 2025	The registered person shall review the management of medicines prescribed to manage distressed reactions, to ensure safe systems are in place as detailed in the report. Ref: 2.0 & 3.3.1
	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.

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