The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Mullaghcarn Care Centre

Provider: East Eden Ltd

Date of Inspection: 26 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:	East Eden Ltd
Responsible Individual:	Dr Una McDonald
Registered Manager:	Mr. Emmaunuel Akwetey

Service Profile:
Mullaghcarn Care Centre is a registered nursing home, which provides nursing care for up to 20 patients living with a physical disability.

The home consists of ground floor accommodation, with single occupancy bedrooms and a number of self-contained units. There is a range of communal areas throughout the home and patients have access to enclosed garden areas.

A proposed new unit will provide nursing care for an additional 10 patients in a designated new part of the home.

2.0 Inspection summary

An unannounced inspection took place on 26 August 2026 from 9.10am to 4.15pm. 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 assess progress with the two areas for improvement identified by RQIA during the last care inspection on 11 November 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

These two previous areas of improvement were met.

The one area of improvement form the last medicines management inspection on 11 May 2026 was not reviewed on this occasion and are carried forward to the next inspection.

The home was found to be clean and well maintained to a good standard.

Patients said they were happy in the home, staff were kind and they enjoyed the meals.

Staff reported that there was good teamwork in the home and staff understood their roles and responsibilities. Staff were found to be knowledgeable in relation to the needs and preferences of the patients. Staff praised the manager and reported that they were approachable and responsive.

There were three areas for improvement identified as a result of this inspection. These were in respect of references for employment, specific behaviour management training and management of complaints.

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 well cared for in the home, staff were kind and attentive and they enjoyed the meals. Comments from patients included the following statements; "I am delighted to have found a lovely home like this. It has worked out very well. I am very happy", "They (the staff) are very good here, all of them." and "Everything has been very good and the staff are all very kind."

Those patients who could not articulate their views. Presented as comfortable and at ease.

Three visiting relatives said that they were very happy with the home and found staff to be kind and caring. Relatives also praised the environment and facilities.

Staff spoke positively about their roles and duties, the care, staffing levels, teamwork, training and managerial support. Staff also said that they would have no concerns about reporting concerns with management and felt these would be taken seriously.

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. However a recommendation was made to obtain a character reference when only two date only references are obtained, for staff applying for employment.

Patients 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 patients in a timely way; and to provide patients 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.

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

3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patients' needs, their daily routine, wishes and preferences. Where patients need assistance to communicate their needs and wishes, through for example the use of specialist technology or equipment or interrupter service, this is facilitated by the home. Observations of the staff and patients interactions found staff to be kind and compassionate.

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.

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.

All staff receive regular training (and ongoing updates) that is appropriate to the level and type of behavioural challenges within the home. Training is delivered by a suitably competent trainer. Induction covers initial information on behaviour that challenges.

Patients receive safe and appropriate behaviour management care based on comprehensive person-centred assessment of their needs and agreed multi-disciplinary planning, delivery and evaluation of care. An area of improvement was made for staff to receive specific behaviour management training for an identified patient with an identified care intervention in consultation with their aligned health & social care trust.

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 referred to their GP if required.

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 and their diet modified. The dinner time meal was seen to be appetising, wholesome and nicely presented, with good provision of choice of meal.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home. There was evidence that patients are enabled to participate in the programme of activities through the provision of equipment, aids and support from staff.

3.3.3 Management of Care Records

Patients' care records were maintained safely and securely.

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.

The general health and welfare of patients is monitored and recorded and timely referrals made to or advice sought from appropriate health and social care professionals as necessary and documented in patient records. 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, with a good standard of décor and furnishings. Patients' bedrooms were comfortable and personalised. Communal areas were suitably furnished, spacious and comfortable. Bathrooms and toilets were clean and hygienic.

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

Cleaning chemicals were stored safely and securely.

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

Any patient who smokes has an individualised risk assessment and care plan in place.

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

Mr. Emmaunuel Akwetey is the Acting Manager of the home and the application to be registered manager was reported to be coming forward. There is a management structure of support and availability as defined in the home's Statement of Purpose.

Patients and staff commented positively about the management team and described them as supportive and approachable.

There were 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.

Review of the record of complaints identified that the records did not include details of all communications with complainants; the result of any investigations; the action taken; whether or not the complainant was satisfied with the outcome; and how this level of satisfaction was determined. An area of improvement was made for this to be put in place for all expressions of complaint.

Accidents and incidents are reported to the relevant stakeholders. Monthly audits of these events were in place to establish if there are any trends or patterns and if necessary follow action.

Records of the visits on the behalf of the responsible individual were maintained in good detail and on an up-to-date basis. These records confirmed good governance arrangements for the home.

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	1	3*

* The total number of areas for improvement includes one which has been carried forward for review at the next inspection.

The areas for improvement and details of the Quality Improvement Plan were discussed with the management team, 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 24(3) **Stated:** First time **To be completed by:** 2 September 2026	The Registered Person must ensure that the record of complaints includes details of all communications with complainants; the result of any investigations; the action taken; whether or not the complainant was satisfied with the outcome; and how this level of satisfaction was determined Ref: 3.3.5
	Response by registered person detailing the actions taken: The Registered Manager has repened the complaint raised by the individual concerned. Complaints are being managed in accordance with the relevant guidance and procedures. Training for management staff on the updated NIPSO guidelines will be organised to ensure a consistent understanding and application of the requirements. Records of all communications, investigations, actions taken and outcomes will be maintained to provide a clear audit trail and evidence of compliance.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 28 **Stated:** First time **To be completed by:** 11 May 2026	The Registered Person shall review the procedure for managing medicines at the time of admission to ensure written confirmation of the patient's current prescribed medications is obtained from the prescriber.
	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. **Ref: 2.0**
Area for improvement 2 **Ref:** Standard 38(3) **Stated:** First time **To be completed by:** 2 September 2026	The Registered Person shall seek to obtain a character reference when two "date only" references are provided for an applicant applying for employment. Ref:3.3.1
	Response by registered person detailing the actions taken: The Registered Manager has obtained a character reference for the applicant, in accordance with the requirements outlined in the RQIA inspection report.

	In addition, the Registered Manager has commenced an audit of all personnel files to ensure that additional employment references are in place where required and managed in accordance with the relevant regulations and standards. Any gaps identified during the audit will be reviewed and followed up, with appropriate corrective actions implemented and documented to ensure ongoing compliance with recruitment requirements.
Area for improvement 3 **Ref:** Standard 17(7) **Stated:** First time **To be completed by**: 26 September 2026	The Registered Person shall ensure staff receive specific behaviour management training for an identified patient in consultation with their aligned health & social care trust. Ref: 3.3.2
	Response by registered person detailing the actions taken: The Registered Manager has liaised with the relevant multidisciplinary team to arrange behaviour management training tailored to the patient's assessed needs and agreed care interventions. In addition, two behaviour management training sessions for staff were organised on Monday 28 September 2026 and Wednesday 30 September 2026. These were organised in conjuction with a healthcare Trust. The Registered Manager will continue to liaise with the care manager and relevant professionals to ensure that appropriate training is arranged and delivered to staff supporting the patient.

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