The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: St Francis Private Care Home Limited

Provider: St Francis Private Care Home Limited

Date of Inspection: 17 September 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:	St Francis Private Care Home Limited
Responsible Individual/Responsible Person:	Mr Cathal Breen
Registered Manager:	Mrs Romegen Uy – Not registered
Service Profile – St Francis Private Care Home Ltd is a registered nursing home, which provides general nursing care for up to 25 patients. Patients have access to a communal lounge and dining areas and a garden space. Patient bedrooms are located over two floors.	

2.0 Inspection summary

An unannounced inspection took place on 17 September 2026, from 10.00 am to 5.20 pm by two care inspectors.

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 28 August 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

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 it was positive to note that nine areas for improvement were assessed as having been addressed by the provider. The remaining areas for improvement which include two medicines management areas for improvement have been carried forward for review at a future inspection. Full details 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 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; comments included: "I consider this my home now", "Staff all very nice, fantastic" and "I'm 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.

The staff spoke positively about their work, the support from their manager and colleagues and the training they had been provided with. Staff said they worked very well as a team.

Relatives /visitors shared positive comments regarding the provision of care. However, feedback regarding activity provision was shared with the management team for review and action as appropriate. Refer to section 3.3.2 for further detail.

No additional feedback from the survey or questionnaires was received from patients, relatives or staff within the allocated timeframe following the inspection.

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. There was evidence of systems in place to manage staffing.

Staff confirmed that they completed an induction at the commencement of their employment, which included mandatory training relevant to their role.

Checks were made to ensure nurses maintained their registrations with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council.

It was clear through observation of the interactions between patients and staff that staff knew the patients well and were familiar with their individual needs, preferences and routines.

Staff responded to requests for assistance promptly in a caring and compassionate manner.

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 and received a handover report with pertinent patient details.

Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, and by offering personal care to patients discreetly. Staff were also observed offering patients choice in how and where they spent their day or how they wanted to engage socially with others.

Patients were observed to be well presented in their appearance and dressed in appropriate daytime attire where applicable.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records reflected the patients' assessed needs.

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.

Observation of the lunch-time meal, identified that the atmosphere was calm, relaxed and unhurried. The majority of patients attended the dining room or dayroom, whilst other patients chose to remain in their bedroom for their meals. The menu for the day was displayed in the home and patients confirmed that they were offered a choice at all meal times.

Staff took time to converse with patients and ensure they had a meal that they enjoyed. A selection of condiments and drinks were available and patient's comments included, "very nice".

A review of records and discussion with patients and staff evidenced that there were systems in place to manage patients' nutrition and mealtime experience.

The previous inspection had identified an area for improvement in regards to activity provision. Discussion with patients confirmed they were supported to make choices regarding their daily routines. Some patients shared that they preferred to spend time resting in their bedrooms, while choosing to attend the dining room for meals. The manager confirmed that a range of activities were available, to include music, bingo, nail care and hand massages. Opportunities were also provided to engage external support services, for example, hairdressing, singers and preparations for seasonal celebrations. Patients confirmed that birthdays were recognised and celebrated. The manager advised that active recruitment remains ongoing to secure dedicated activity staff, with care staff supporting engagement in the interim alongside meeting care needs. In order to allow time for recruitment and the role to become established, this area for improvement was not fully reviewed and will be carried forward to the next inspection.

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.

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

Nursing staff recorded regular daily evaluations about the delivery of care and supplementary records were updated to evidence care provided. Where minor shortfalls were identified these were discussed with the manager for review and action as appropriate.

Patients care records were held confidentially.

3.3.4 Quality and Management of Patients' Environment

The home was inviting, clean and tidy, for example, patients' bedrooms were personalised with items important to the patient. Beds were neatly made up with clean bedlinen and there was evidence of a good supply of clean bedding and towels.

A review of the environment identified a number of areas requiring attention. Surface damage was evident to the frames surrounding a number of bedroom sinks, and an identified area of flooring would benefit from review. Some external painting and internal redecoration were also required. The manager advised that these areas had been identified through the homes environmental and governance systems for review and action. We discussed how further development of a refurbishment plan would strengthen oversight and support the prioritisation of works; progress will be reviewed at a future inspection.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. A discussion took place with the management to review the homes template for recording fire drill information, this will be reviewed at a future inspection.

Corridors were clear of clutter and obstruction and fire exits were also maintained clear.

Staff were observed to carry out hand hygiene at appropriate times and to use personal protective equipment (PPE) in accordance with the regional guidance.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Ms Romejen Uy has been the manager in this home since 3 August 2026.

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

Each service is required to have an appropriately appointed Adult Safeguarding Champion (ASC), with responsibility for implementing the regional adult safeguarding protocol and the homes safeguarding policy. Discussion with the management confirmed that, arrangements were being reviewed to identify an appropriately trained person to undertake this role.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. The manager completed audits to quality assure care delivery and service provision within the home. We discussed how the care records audit could be enhanced to strengthen oversight; progress will be reviewed at a future inspection.

Review of the records relating to accidents and incidents which had occurred in the home evidenced that these were notified, if required, to patients' next of kin, their care manager and to RQIA.

There was evidence that the management team 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.

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*	2*

* The total number of areas for improvement includes three regulations and two standards that have been carried forward for review at the next inspection.

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 13 (4) **Stated:** First time **To be completed by:** 23 September 2025	The registered person shall ensure that the temperature of the medicine storage areas is monitored and maintained at or below 25ºC. 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 (4) **Stated:** First time **To be completed by:** 23 September 2025	The registered person shall ensure that the maximum, minimum and current temperature of the medicine refrigerator is monitored daily, and maintained between 2ºC – 8ºC. 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 3 **Ref:** Regulation 12 (1) (a) (b) **Stated:** First time **To be completed by:** With immediate effect (28 August 2025)	The registered person shall ensure that wound care is recorded in keeping with best practice. 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.
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:** 23 September 2025	The registered person shall review the management of medicines prescribed for distressed reactions to ensure the reason for and outcome of each administration is recorded. Ref: 2.0
	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.

Area for improvement 2 **Ref:** Standard 11 **Stated:** First time	The registered person shall review the provision of activities in the home to ensure that patients receive regular meaningful activities. Ref: 2.0
To be completed by: 28 September 2025	**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.**

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

The **Regulation** and **Quality Improvement** Authority

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