

Inspection Report

Name of Service: Newcroft Lodge

Provider: South Eastern Health and Social Care Trust

Date of Inspection: 10 September 2025

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:	South Eastern Health and Social Care Trust (SEHSCT)
Responsible Individual:	Ms Roisin Coulter
Registered Manager:	Mrs Demi McKee
Service Profile – This home is a registered residential care home which provides health and social care for up to 29 residents living with dementia. There is a range of communal areas throughout the home and residents have access to an enclosed outdoor area.	

2.0 Inspection summary

An unannounced inspection took place on 10 September 2025, between 10.10 am and 5.00 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 22 August 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found 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 we found care 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 five areas for improvement were assessed as having been addressed by the provider. One area for improvement was assessed as partially met and will be stated for a second time. Other areas for improvement 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 spoken with told us that they enjoyed their time residing in the home. Those residents who were less able to make their wishes known appeared relaxed and comfortable in their surroundings. Some of the comments shared by residents included, "I'm very happy here due to the safety."

Visitors to the home commented positively about the care their loved ones were receiving; some of the comments shared included, "the staff are so friendly and approachable" and "my relative has settled very well here."

Questionnaires completed by relatives of residents were complimentary about the care provided in the home. Some of the comments shared in the feedback included, "nothing is too much trouble" and "staff are kind, great activities and outings provided."

Staff provided positive feedback about working in the home, some of the comments shared included, "everyone pulls together" and "I am very content working here."

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 systems in place to manage staffing. The manager provided assurances in writing following the inspection that support service staff training was up to date. This will be further reviewed at a future inspection.

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, residents who did not want to be involved in the group activities were observed sitting in one of the lounge areas socialising with one another. Staff were observed at this time providing snacks and drink refreshments, which helped to support a warm and relaxed atmosphere.

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 residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences. Throughout the day observation confirmed that staff attended 'safety pauses' prior to mealtimes to ensure good communication across the team about changes in residents' needs.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

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

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.

Where a resident was at risk of falling, staff confirmed measures to reduce this risk were put in place. For example, assistive technology or increased supervision.

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.

The dining experience was an opportunity for residents to socialise; the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Prior to the mealtime staff held a safety pause to consider those residents who required a modified diet. It was observed that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

The importance of engaging with residents was well understood by the manager and staff.

Life story work with residents and their families helped to increase staff knowledge of the residents' interests and enabled staff to engage in a more meaningful way with residents throughout the day.

Staff understood that meaningful activity was not isolated to the planned social events or games. Arrangements were in place to meet residents' social, religious and spiritual needs within the home.

The weekly programme of social events was displayed on the noticeboard and shared with residents, families and staff advising of future events. The manager confirmed there are arrangements in place to change the current format of the activity planner to ensure this is suitable to the residents within the registered category of care.

Residents' needs were met through a range of individual and group activities such as bingo, board games, arts and crafts or hand massage, hairdressing, one to one reading or listening to the radio. Staff and relatives commented positively about a recent trip where the residents who wished to, went out on a day trip to Antrim Castle Gardens.

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.

Residents care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care plans were not always reflective of resident's assessments with regards to call bells; the details of this were shared with the manager for review and action as appropriate. 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 atmosphere in the home was warm and welcoming. Bedrooms and communal areas were clean and tidy.

There was evidence that refurbishments continued to be required across some areas of the home which appeared tired and worn. For example: carpets and some of the door frames/wood

work required repaired. Details including photographic evidence was shared with the home's manager during feedback. A refurbishment plan was submitted to RQIA by email with an overall projected timeframe for the refurbishments to commence in the home. The manager further confirmed that improvement works have been requested for the outdoor area, to ensure this is safe and accessible for residents to use. This will be further reviewed at a future inspection.

Review of records and discussion with the manager confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home was safe to live in, work in and visit. For example, fire safety checks.

There was evidence the manager had implemented a system to check fire doors across the home and ensure that the practice of wedging and propping these doors, ceased. Whilst there was improvements observed, the senior's office door was wedged open during the inspection, this was addressed immediately. The previous area for improvement identified was partially met and will be stated for a second time.

There was evidence of systems in place to monitor infection prevention and control (IPC) and staff practices regarding hand hygiene; however, where deficits were identified action plans were not developed to address these. The details of this were shared with the manager and an area for improvement was identified.

The medication room and office were both unlocked during the inspection. This was addressed at the time. There was access to confidential records within these areas. An area for improvement was identified.

There was evidence of improvements in the management of toiletries across the home for residents own individual use. Some residents had access to scented diffusers in their rooms. The details of this were shared with the manager for review and action as appropriate.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Demi McKee has been the Registered Manager in this home since 14 April 2025.

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

Review of a sample of records evidenced that systems 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 by the home.

Residents and their relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

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*	4*

* the total number of areas for improvement includes one regulation that has been stated for a second time and one regulation 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 Mrs Demi McKee, 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 Home Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (4) (d) (i) Stated: Second time To be completed by: From the date of inspection 22 August 2024	The registered person shall implement a system to monitor the operation of fire doors to ensure that the improvements made with staff practice are sustained and embedded into practice. Ref: 3.3.4 Response by registered person detailing the actions taken: System is in place with daily audits of fire doors and wedges have been removed. Additional refresher training has been scheduled for staff focusing on the operation of fire doors.
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time To be completed by: 6 May 2025	The Registered Person shall review the systems in place to manage medicines which are prescribed as a short course, to ensure that they are not administered beyond the prescriber's intended duration of treatment. 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 Residential Homes, December 2022	
Area for improvement 1 Ref: Standard 30 Stated: First time To be completed by: 6 May 2025	The Registered Person shall ensure dates of opening are recorded on medicines to facilitate audit and disposal at expiry. 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 32 Stated: First time To be completed by: 6 May 2025	The Registered Person shall ensure that maximum and minimum refrigerator temperatures are recorded each day and that the thermometer is reset after each reading. Corrective action should be taken if temperatures are within the recommended range. 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 3 Ref: Standard 20.10 Stated: First time To be completed by: 10 September 2025	The Registered Person shall ensure that hand hygiene audits include time bound action plans and that these are signed off when completed, if deficits are identified as part of these audits. Ref: 3.3.4
	Response by registered person detailing the actions taken: Hand Hygiene audits will now have a detailed action plan in place if audit falls below 100% to show measures taken to ensure improvements
Area for improvement 4 Ref: Standard 22 Stated: First time To be completed by: 10 September 2025	The Registered Person shall ensure that resident's personal information is stored securely and in accordance with DHSSPS policy, procedure and guidance. Ref: 3.3.4
	Response by registered person detailing the actions taken: Staff are reminded to ensure all doors are locked and secure when staff are not present in the room. Discussion with support services staff to ensure same is carried out in practice.

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



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