



Inspection Report

Name of Service: Northfield House
Provider: South Eastern HSC Trust
Date of Inspection: 10 July 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 HSC Trust
Responsible Individual:	Ms. Roisin Coulter
Registered Manager:	Mrs Caroline Diane Wilson – acting manager
<p>Service Profile – This home is a registered residential care home which is registered to provide health and social care for up to 41 residents. The home is located across two floors with residents residing only on the ground floor at present. The home is registered to provide care to residents with a range of needs, including general health and social care to those over and under 65 years of age, residents with mental health, alcohol, physical or sensory needs.</p> <p>There are a range of communal areas throughout the home.</p>	

2.0 Inspection summary

An unannounced inspection took place on 10 July 2025, between 9.50 am and 6.20 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 26 July 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, 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 established 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.

Some staff raised concerns about training for the registered categories of care and management of reported incidents. Details were shared with the manager who demonstrated the actions planned to address the concerns expressed.

As a result of this inspection four areas for improvement were assessed as having been addressed by the provider. One area for improvement was assessed as partially met and has been stated for a second time and two areas for improvement have been carried forward for review 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 resident's, 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 provided positive feedback about their experiences residing in the home. Residents commented positively about the food, environment and the staff. Some of the comments shared included, "I would stay for good if I could, the food is lovely."

Resident questionnaires returned were positive about the care and support provided in the home. Some of the comments shared in the feedback included, "very competent and kind staff, I feel safe and comfortable" and "staff are always available and couldn't be more helpful."

A relative questionnaire returned provided positive feedback about care in the home. Some of the comments shared included, “the care here has been excellent since admission, constant checking on needs, even through the night. Totally pleased with all staff.”

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. A discussion took place with the manager to ensure the person in charge in the absence of the manager is clearly recorded on the duty rota; assurances were provided this would be updated.

There was evidence of a system in place to monitor staff’s compliance with mandatory training. Improvements were required for some mandatory training including: Deprivation of Liberty Safeguards (DoLS) and moving and handling practical training. Assurances were provided that actions have been taken to improve staff compliance with mandatory training. The previous area for improvement identified was partially met and has been stated for a second time.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they were satisfied with the staffing levels. Other comments shared by staff regarding; training, escalation of incidents to management and team morale were shared with the management team for review and action as appropriate. Assurances were provided by the management team regarding the action plan in place to address these concerns.

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

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.

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 resident’s choice in how and where they spent their day or how they wanted to engage socially with others.

Where a resident was at risk of falling, measures to reduce this risk were put in place. For example, referral onto their GP or for physiotherapy.

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, music was playing, and 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.

Staff understood that meaningful activity was not isolated to the planned social events or games. There was evidence of an orientation board on display which provided details of activities and details for the day. Residents were observed engaging in their own individual preferred activities, for example; reading and listening to music. Comments made regarding a lack of group activities were shared with the manager. A discussion took place with the manager regarding the need for further review of activities to ensure that there is evidence of opportunities for residents to engage in planned group activities.

3.3.3 Management of Care Records

A discussion took place with the manager regarding the assessment of residents needs prior admission to the home. The manager provided assurances residents' needs were assessed prior their admission, however the structured system to capture this information was not made available on the day of inspection. An area for improvement was identified.

Care records evidenced that care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals. Care records were person centred, well maintained and generally kept under regular review to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. A discussion took place with the manager to ensure care plan review dates were recorded clearly.

There was evidence that risk assessments were not always completed to reflect identified risks associated with resident's care needs. Assurances were provided in writing following the inspection to confirm that these had been completed.

Residents care records were held confidentially.

3.3.4 Quality and Management of Residents' Environment

The home was warm and welcoming. Residents bedrooms and communal spaces were clean, neat and tidy. For example, residents' bedrooms were personalised with items important to the resident. There was evidence that improvements were required to some aspects of the communal spaces for example; handrails and doors across the ground floor. An area for improvement was identified.

A discussion took place with the manager regarding the maintenance of the first floor of the home. Assurances were provided that this continues to be included in environmental safety checks and cleaning schedules. Further discussions took place with the management team to ensure that repairs would be completed if residents were to occupy this area of the building.

There was evidence that the bedrooms identified at the previous inspection had been reverted back to their original stated purpose. However, another bedroom was evidenced as in use outside of its original stated purpose. A discussion took place with the manager and it was agreed that it would be confirmed in writing to RQIA when this room is reverted back to its original stated purpose.

There was evidence of a number of doors propped or wedged open across the home. These were removed at the time of the inspection. An area for improvement was identified.

There was evidence of cleaning detergent accessible in the sluice. A discussion took place with the manager and this was removed. Assurances were provided by the manager of additional checks that would be put in place to address this and reduce the risk of reoccurrence. This will be reviewed further 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, resident call system checks, and water checks.

Review of records and observations confirmed that 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

Mrs Caroline Diane Wilson has been acting as the manager in this home since 6 December 2024.

Review of a sample of records evidenced that there were systems in place for reviewing the quality of care, other services and staff practices. A discussion took place with the manager regarding improving the overall robustness of some audits which were in place, for example; commode audits, Personal Protective Equipment (PPE) and hand hygiene audits. The manager provided assurances regarding the actions planned to improve these.

There was evidence of accidents and incidents completed and reviewed by the manager to analyse patterns and trends. It was not always recorded that these accidents and incidents were notified appropriately to next of kin and the trust. The manager provided assurances regarding the system that has been put in place to ensure that the relevant persons and organisations are notified.

There was evidence that allegations of staff misconduct were not always appropriately managed under the Adult Safeguarding policy and procedures and RQIA were not notified. A discussion took place with the manager and assurances were provided in writing following the inspection to confirm that actions had been taken to address these concerns and notifications were submitted to RQIA. Two new areas for improvement were identified.

It was evident that monthly monitoring visits were not taking place on a regular basis. Assurances were provided that arrangements are in place to ensure these are completed as outlined in the residential care homes regulations. An area for improvement was identified.

A fire risk assessment had been completed on the 16 July 2024 by an accredited fire risk assessor and the overall risk was deemed as tolerable. The manager provided assurances that this would be reviewed as required to ensure this is completed within the recommended timeframes.

There was evidence that the manager had a system in place to respond 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.

There was evidence of compliments received in the form of letters and cards which were maintained to share with the staff team. Some of the comments shared in the compliments included, "I am a full of admiration for each and every one of you (staff)."

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	4*	5*

* the total number of areas for improvement includes one standard that has been stated for a second time and; one regulation and standard that has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Caroline Diane Wilson, 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 Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: 30 May 2025	<p>The Registered Person shall review the management of warfarin to ensure obsolete records are cancelled and archived and where transcribing of warfarin doses occurs this involves two staff members.</p> <p>Ref: 2.0</p> <p>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.</p>
Area for improvement 2 Ref: Regulation 27 (4) (a) (c) Stated: First time To be completed by: 10 July 2025	<p>The Registered Person shall ensure the propping and wedging of fire doors ceases with immediate effect.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: The registered manager has ensured that all staff are aware that fire doors are not to be propped and wedged open and this is monitored daily</p>
Area for improvement 3 Ref: Regulation 30 (1) (g) Stated: First time To be completed by: 10 July 2025	<p>The Registered Person shall ensure RQIA are notified without delay of any allegation of staff misconduct.</p> <p>Ref: 3.3.5</p> <p>Response by registered person detailing the actions taken: The Registered manager has completed the notification in respect of this incident and will ensure that there is no delay in notifying RQIA in the future</p>
Area for improvement 4 Ref: Regulation 29 (3) paragraph 1 & 2 Stated: First time To be completed by: 10 July 2025	<p>The Registered Person shall ensure that visits under this regulation take place at least once a month.</p> <p>Ref: 3.3.5</p> <p>Response by registered person detailing the actions taken: The Registered manager will ensure that under the regulation monthly monitoring is carried out and recorded</p>

Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 Ref: Standard 23.3 Stated: Second time To be completed by: 23 August 2024	The Registered Person shall ensure that staff are up to date with their mandatory training, this is with specific reference to; <ul style="list-style-type: none"> • Moving and handling practical training and, • Basic life support Ref: 3.3.1 Response by registered person detailing the actions taken: The Registered managers has got training dates booked for all staff for moving and handling and basic life support and dates will be organised for staff on sick leave when they return to work
Area for improvement 2 Ref: Standard 32 Stated: First time To be completed by: 30 May 2025	The Registered Person shall ensure room temperatures are recorded daily in medication storage areas. 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 3.4 Stated: First time To be completed by: 10 July 2025	The Registered Person shall ensure that a pre-admission assessment is completed prior to any resident being admitted to the home. These must be recorded, dated and signed. Ref: 3.3.3 Response by registered person detailing the actions taken: A referral form has been updated identifying that the appropriate assessments have been received ,the individual care needs can safely be managed in intermediate care residential and any reason for declining the referral is recorded and dated and signed.
Area for improvement 4 Ref: Standard 27 Stated: First time To be completed by: 21 August 2025	The Registered Person shall complete and submit an action plan to RQIA outlining the plans for refurbishments to the home; to include handrails, door frames and doors across the home. These should include projected timeframes for the works to take place. Ref: 3.3.4

	<p>Response by registered person detailing the actions taken: A capital Business case and a programme of environmental works and upgrades has been funded for the statutory older peoples residential homes with Northfield House part of this planned work</p>
<p>Area for improvement 5 Ref: Standard 16.4 Stated: First time To be completed by: 10 July 2025</p>	<p>The Registered Person shall ensure that any suspected, alleged or actual incidents of abuse are reported to the relevant persons and agencies in accordance with local Adult Safeguarding Policy and Procedures.</p> <p>Ref: 3.3.5</p> <p>Response by registered person detailing the actions taken: The Registered manager has completed the notification in respect of this incident and will ensure that there is no delay in notifying RQIA in the future in accordance with adult safeguarding policies and procedures</p>

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The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews