

Inspection Report

Name of Service: Rectory Field
Provider: Western HSC Trust
Date of Inspection: 27 February 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:	Western HSC Trust
Responsible Individual:	Mr Neil Guckian
Registered Manager:	Mr Martinog Bradley
Service Profile	
This home is a registered residential care home which provides health and social care for up to 35 residents with physical health and frail elderly needs over 65 years of age. Accommodation is provided on ground floor level and all residents are accommodated in single bedrooms. Residents have access to communal and dining areas and a secure outdoor space.	

2.0 Inspection summary

An unannounced inspection took place on 27 February 2025 from 10.15am to 4.30pm, by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; to review the previous areas for improvement identified at the care inspection on 14 May 2024, and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The home was found to be well maintained and no malodours were identified. Bedrooms were organised and clean.

Residents stated that they were well looked after in the home and advised that the staff were very kind and supportive to them. Refer to Section 3.2 for more details.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and trained to deliver safe and effective care.

As a result of this inspection four out of the five the areas for improvement from the previous quality improvement plan were assessed as met. One area for improvement was carried forward for review to the next inspection. No new areas for improvement were identified at this 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 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.

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 spoke positively about their experience of life in the home. Residents advised that they felt very safe in the home; that the staff were compassionate, reassuring and supportive. Comments included: "this is such a great place, they are so good", "The food is excellent, we are so well cared for" and "Nothing is ever a problem for the staff in here; they couldn't do enough for you to accommodate you. There is fantastic staff here and the care is very person centred."

Discussions with residents confirmed that there was enough staff on duty and if they wanted anything all they had to do was ask. Residents commented positively on the meal and activity provision in the home.

Staff spoke positively in terms of the provision of care in the home and their roles and duties. Staff told us that the manager was supportive and available for advice and guidance. Staff reported that there was a good staff team in the home which facilitated good communication and good outcomes for the residents.

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 robust systems in place to manage staffing.

Residents 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. Staff were always available and responded promptly to call bells. Staff knew what they were required to do each day and understood the needs of the residents.

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 wishes and preferences. Staff interactions with residents were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Observations of the staff and residents interactions found staff to be reassuring and compassionate.

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. This was further confirmed by residents. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others. Expressions of consent were observed during interactions with staff and residents.

The risk of falling was well managed and referrals were made to other healthcare professionals as needed.

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 and the atmosphere was calm, relaxed and unhurried. The food was attractively presented and portions were generous. There was a variety of drinks available. It was observed that residents were enjoying their meal and their dining experience.

There was enough staff supervision in place throughout the serving of the meal. Discussion with residents confirmed that the food provision was good and there was always a choice of meal offered.

The importance of engaging with residents was well understood by the manager and staff. Residents confirmed that activities were completed on a daily basis and that they were always engaged. Staff were observed sitting with residents and engaging in discussion. Residents also had opportunities to listen to music or watch television or engage in their own preferred activities.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home.

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 well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. 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 Control

The home was clean, warm and comfortable for residents. Bedrooms were tidy and adequately furnished. Communal areas were well decorated, suitably furnished and homely.

Systems and processes were in place to manage infection prevention and control which included regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mr Martinog Bradley is the Registered Manager of this home.

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

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. 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	0	1*

* the total number of areas for improvement includes one area which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Martinog Bradley, 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 Minimum Standards (version 1.1 Aug 2021)	
Area for improvement 1 Ref: Standard 6 Stated: First time	The Registered Person shall review care plans relating to medicines management as detailed in this report. Ref: 2.0
To be completed by: With immediate effect (14 May 2024)	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



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