

# Inspection Report

**Name of Service:** Rectory Field  
**Provider:** Western 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

<b>Organisation/Registered Provider:</b>	Western Health and Social Care Trust (WHSCT)
<b>Responsible Individual:</b>	Mr Neil Guckian
<b>Registered Manager:</b>	Mr Martinog Bradley
<p><b>Service Profile</b>            Rectory Field is a registered residential care home registered to provide health and social care for up to 35 residents over the age of 65 years and up to 5 residents under the age of 65 years. Each resident is accommodated in a single bedroom with access to dining and communal areas. Care is provided in this home with a focus on rehabilitation and promoting independence.</p>	

## 2.0 Inspection summary

An announced combined estates & care inspection took place on 10 September 2025 from 10.00am to 11.45am in connection with the variation application reference number VA012934.

The inspection focused solely on the reconfiguration of rooms within an identified area in the home.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

No new areas for improvement were identified as a result of this inspection.

As a result of this inspection, the variation to registration was approved. There has been a reduction in resident occupancy from 35 to 26 residents and a remodelling of identified rooms. In addition, there has been an increase of resident occupancy from five to seven residents within the category of care of physical disability.

## 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 which included registration information, and any other written or verbal information received from resident's, relatives, staff or the commissioning trust. We also inspected information submitted in relation to the variation application.

### 3.2 Inspection findings

#### 3.2.1 Care Inspector Findings

##### Statement of Purpose

The establishment's Statement of Purpose had been reviewed to include the changes in the number of rooms and change in the category of care and outlined the range of services provided in accordance with Regulation 3 (1) of The Residential Homes Regulations (Northern Ireland) 2005.

##### Resident's Guide

The establishment's Resident's Guide had been reviewed to include the changes in the number of rooms and change in the category of care and outlined the range of services provided in accordance with DHSSPS Residential Care Homes Minimum Standards (2011) and Regulation 4(1) (b) and 5 (1) (b) of the Residential Homes Regulations (Northern Ireland) 2005.

##### The Environment

##### VA012934 – Reduction in resident occupancy, remodelling of resident bedrooms and addition of two residents under the category of care physical disability

The refurbished bedrooms are located on the ground floor of the building. Residents would be accommodated in single bedrooms which were found to be hazard free. The resident's bedrooms were appropriately furnished to a good standard. Wardrobes were appropriately secured.

Communal bathrooms were clean and hygienic.

Dani Centres were all mounted and PPE was readily available. Waste disposal bins were provided throughout the home. Hand wash and hand towels were in place in all bathroom areas.

The areas of the environment viewed during the inspection presented as having good lighting and were spacious. They were found to be organised and adequately heated. The décor and furnishings had been completed to a high standard.

There was outside space designated for the use of the social care residents.

From a care perspective the accommodation to be occupied by service users is suitable for use.

### **Operational issues**

The Registered Manager of the home is Mr Martinog Bradley. He is supported in his role by a line management structure with the Western Health & Social Care Trust.

The manager confirmed to the inspector that admissions to the home would be managed in a phased manner to enable staff sufficient time to become familiar with newly admitted residents and plan care accordingly.

The manager confirmed that they will complete a pre-admission assessment for all residents prior to admission to the home. It was confirmed by the manager that the care plan would incorporate all information gathered and be developed in accordance with assessed need.

It was confirmed by the manager that a range of risk assessments will be completed upon admission to ensure the resident's suitability for the new unit.

The manager was aware of their responsibilities in regards to the categories of care for which the home will be registered.

### **Staffing**

The inspector was informed that the planned staffing levels for the home would be flexible and responsive to the changing needs and numbers of residents as the home began to admit residents. Catering and domestic services were to be shared with the entire residential home.

The manager confirmed that appropriate staffing levels would be maintained to ensure that the assessed needs of the residents are met. It was confirmed that all staff working in this new unit would be in receipt of mandatory training and updated training would be provided, where required.

In conclusion, from a care perspective RQIA were satisfied that the actions taken in relation to this variation are compliant with current DoH minimum standards. No areas for improvement were identified.

### **3.2.2 Estates Inspector Findings**

The application for this variation was assessed by the Estates Inspector and approved to proceed from an estates perspective in 26 June 2025. All relevant estates related

documentation relating to the refurbishment works was forwarded by the WHSCT Estates Department to the Estates Inspector prior to the variation inspection and found to be in order.

The works were completed to a high standard in the section of the home where bedrooms and associated facilities have been reconfigured. The home now has 26 beds provided in single rooms and the Estates Inspector verified this number during the walk around at the inspection. From an estates perspective, this variation had been completed satisfactorily and there are no areas for improvement identified.

#### 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
<b>Total number of Areas for Improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Martinog Bradley, Registered Manager, as part of the inspection process and can be found in the main body of the report.



## The Regulation and Quality Improvement Authority

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