

Inspection Report

Name of Service: Saintfield Lodge

Provider: Electus Healthcare 1 Limited

Date of Inspection: 13 August 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:	Electus Healthcare 1 Limited
Responsible Individual:	Mr Ed Coyle
Registered Manager:	Ms Amanda Horne
Service Profile – This home is a registered nursing home which provides nursing care for up to 51 patients. The home is divided in two units; the Bogues unit located on the first floor which provides care and the Gardener unit located on the second floor. Both provide care for patients living with a mental disorder excluding learning disability or dementia over and under 65 years of age.	

2.0 Inspection summary

An unannounced inspection took place on 13 August 2025 from 11.15 am to 4.00 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 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.

It was evident from discussions with patients and relatives that staff promoted patient's dignity and well-being and that staff were knowledgeable and well trained to deliver safe and effective care.

As a result of this inspection five areas for improvement were assessed as having been addressed by the provider. Full details, including new areas for improvement identified and those carried forward for review at the next inspection, 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 spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "I like it here. The staff are ok.", "I like the activities and the way the nurses treat me. The care workers are lovely" and "I am very happy here."

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.

Relatives commented positively about the overall provision of care within the home. Comments included, "The staff are very good here."

One visiting professional said, "We receive appropriate referrals and the communication is ok. The care records are reflective of the patient's assessed needs and staff know their patients very well."

Staff spoken with said that Saintfield Lodge was a good place to work and said the teamwork was very good. Comments from staff included, "The place is wonderful. Management are supportive and we have access to training" and "The staff have all been very welcoming to me."

We did not receive any questionnaire responses from patients or their visitors. We received 14 responses to the online survey; three from relatives/visitors and 11 from staff. Respondents said they were satisfied with all aspects of care.

Three respondents expressed dissatisfaction regarding management arrangements. Comments received included, “Very good and kind to my son”, “Good teamwork and everyone helps each other. Lots of improvement to building which is nice for our residents, hopefully this continues as it is their home and makes them happy” and “I left the summer party today feeling very emotional at the work the girls had put in making the day special for my sister and her friends in their home. It was just lovely and although I’ve known it for years I just wanted to say a huge thank you for all they do. I’ve great relationships with them and they go above and beyond. Girls you were made to be nurses and whilst it can be a thankless job I’m sure, I thank you sincerely for your care, compassion and love for helping people. Angels!!”

Comments received from staff and the online survey regarding management arrangements were shared for the responsible individual for follow up as required.

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.

Patients 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. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

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

3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patient’s needs, their daily routine, wishes and preferences.

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

All nursing and care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about their patients, especially changes to care, that they needed to assist them in their caring roles.

Where a patient was at risk of falling, measures to reduce this risk were put in place. In addition, falls were reviewed monthly for patterns and trends to identify if any further falls could be prevented.

Concerns regarding the health and welfare of patients were identified following observation of staff transfer of patients. Staff were observed attempting to transport two patients in wheelchairs without footplates and or lap belts in use; the inspector had to intervene to ensure the safety of the patients. This was discussed with the deputy manager and an area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Observation of the lunchtime meal, review of records and discussion with patients, staff and the manager indicated that there were systems in place to manage patients' nutrition.

The food served looked appetising and nutritious. Patients told us they enjoyed the meal and the food was good.

The importance of engaging with patients was well understood by management and staff and patients were encouraged to participate in their own activities such as watching TV, reading, resting or chatting to staff. Arrangements were also in place to meet patients' social, religious and spiritual needs. An activity planner displayed highlighted events such as knit and natter, baking, one to one, karaoke, bingo, arts and crafts, walks, movies and popcorn. Patient's said they were looking forward to the summer party that was planned for planned for the following week.

Patients spoken with told us they enjoyed living in the home and that staff were friendly.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse 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, for the most part, were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs.

Nursing staff recorded regular evaluations about the delivery of care. Some entries were illegible, other evaluations contained repetitive statements that were not person centred. To ensure daily evaluations of care are meaningful, an area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment

The home was clean and tidy. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. For example, patients' bedrooms were personalised with items important to the patient.

There was evidence that systems and processes were in place to manage infection prevention and control (IPC) which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

A small number of shortfalls in individual staff practice with IPC practices were discussed with the manager who agreed to monitor this through their audit processes and arrange additional training and supervisions if required.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Amanda Horne has been the Registered Manager in this home since 19 June 2024.

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 or delegated staff members completed regular audits to quality assure care delivery and service provision within the home.

There was a system in place to manage any complaints received.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further.

Patients and their relatives spoken with said that if they had any concerns, they knew who to report them to and said they were confident that the manager or person in charge would address their concerns.

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	1	2*

*The total number of areas for improvement includes one that has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Victoria Toner, Deputy Manager, and Mr Ed Coyle, Responsible Individual, 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 20 (1) (a) (b) Stated: First time To be completed by: 13 August 2025	The registered person shall ensure that staff care for patients in keeping with their assessed manual handling needs. Staff training in manual handling practices must be embedded into practice. Ref: 3.3.2 Response by registered person detailing the actions taken: Manual handling training undertaken by staff. Supervisions ongoing with all staff in manual handling practice within the home and registered manager and deputy manager carrying out random daily checks on practice..
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 29 Stated: Second time To be completed by: With immediate effect (3 December 2024)	The registered person shall ensure that handwritten medication administration records include the date of administration. 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 4 Stated: First time To be completed by: 13 August 2025	The registered person shall ensure all evaluations of care are meaningful and person centred. These entries should be legible. Ref: 3.3.3 Response by registered person detailing the actions taken: Immediate training given to nursing staff and resources and written guidance provided on delivery of meaningful, person centred evaluations. Additional training planned. Learning reinforced during daily nurse meetings in September. Practice continues to be monitored by manager and deputy manager. .

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