

Inspection Report

Name of Service:

Westlands

Provider:

Northern Health and Social Care Trust

Date of Inspection:

9 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:	Northern Health and Social Care Trust
Responsible Individual:	Ms Jennifer Welsh
Registered Manager:	Mr Sean McCartan
Service Profile – This home is a registered residential care home which provides health and social care for up to 20 residents who required general residential care. The home is situated over two floors with communal lounge and dining space for resident use.	

2.0 Inspection summary

An unannounced inspection took place on 9 September 2025, between 09.40 am and 3.30 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 25 January 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

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.

As a result of this inspection all areas for improvement from the previous care inspection were assessed as having been addressed by the provider. 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.

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 said the staff in the home were "great", the food was excellent, the home was "spotless" and there was "plenty to do here, such as quizzes". No concerns were raised about staffing levels in the home.

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

Residents told us that staff offered choices to residents 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.

Residents explained that they could spend time with family and friends in their room or one of the lounges. There was evidence of seasonal activities for residents.

Staff were complimentary about the support from the manager; the training provided and said there was a "nice atmosphere" in the home and there was really good teamwork.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, There was no evidence of a full complete record or checklist available to confirm staff had been

recruited appropriately. This was discussed with the manager and an area for improvement was identified.

Review of the record of staff training, including mandatory training, identified not all staff have completed mental capacity act training, food safety, basic life support and adult safeguarding training. An area for improvement was identified.

Residents said that there was enough staff on duty to help them. Staff said there was good teamwork, that they felt well supported in their role and that they were satisfied with the staffing levels.

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

Review of the system to manage the registration of care staff evidenced that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC).

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 resident's 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 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.

Residents may require special attention to their skin care. These residents were assisted by staff to change their position regularly and care records accurately reflected the residents' assessed needs.

Examination of care records confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to the Trust's Specialist Falls Service, 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.

Review of records and discussion with residents, staff and the manager indicated that there were robust systems in place to manage residents' nutrition and mealtime experience.

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 resident who required a modified diet.

Medication was noted to have been left with some residents to take without staff supervision. This was brought to the manager's attention for action and an area for improvement was identified.

Observation of the lunchtime meal served in the main dining room confirmed that enough staff were present to support residents with their meal and that the food served smelt and looked appetising and nutritious.

Observation of the planned activity, games in the lounge in the afternoon, confirmed that staff knew and understood residents' preferences and wishes and helped residents to participate in planned activities or to remain in their bedroom with their chosen activity such as reading, listening to music or waiting for their visitors to come. Residents voiced their enthusiasm and enjoyment of this activity and were observed enjoying each other's company.

Staff understood that meaningful activity was not isolated to the planned social events or games.

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 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 tidy and welcoming. For example, residents' bedrooms were personalised with items important to the resident, however, maintenance or repair was required to a stained ceiling, flooring and a kitchen servery area. An area for improvement was identified. While the home was generally clean, some areas including a bathroom required cleaning and clean linen bags were observed to be stored on the floor. An area for improvement was identified.

Staff were seen to wash their hands correctly and at appropriate times and to use personal protective equipment (PPE) inappropriately.

There was evidence that bedrooms and a bathroom were being used for storage of commodes and stepladders. This was discussed with the manager and an area for improvement was identified.

A large set of steps were stored at the top of the stairs causing a hazard. This was brought to the manager's attention and removed immediately.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mr Sean McCartan has been the manager in this home since 1 April 2005.

Residents and staff commented positively about the manager and described him as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place, however, skin care and oversight of restrictive practices was not in place. The manager agreed to address this and this will be reviewed at a future inspection.

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Sean McCartan, registered 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 21 Stated: First time To be completed by: 15 September 2025	<p>The Registered Person shall ensure records are kept in the home of the recruitment checks completed for all staff employed in the home.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: A complete record of the necessary recruitment checks for all staff employed in the home will be held in the staff member's file</p>
Area for improvement 2 Ref: Regulation 13 (4) (b) Stated: First time To be completed by: 9 September 2025	<p>The Registered Person shall ensure medication is administered to patients safely. This is in relation to medication left with patients who require supervision.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: The manager will ensure all senior care assistants safely administer medication to the residents and observe that the medication has been fully taken</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 Ref: Standard 23 Stated: First time To be completed by: 30 September 2025	<p>The Registered Person shall ensure that staff complete their mandatory training in a timely manner for the mental capacity act, food safety, basic life support and adult safeguarding.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: All staff have completed the mandatory training identified above and the registered person will ensure all mandatory training is completed in a timely manner in future</p>
Area for improvement 2 Ref: Standard 27 Stated: First time To be completed by: 31 October 2025	<p>The Registered Person shall ensure maintenance or repair is completed to a stained ceiling, damaged flooring and a kitchen servery area</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: A programme of maintenance, involving outside contractors, has been agreed with our Estate Department to repair/replace the issues detailed in the inspection report</p>

<p>Area for improvement 3</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: 10 September 2025</p>	<p>The Registered Person shall ensure bathrooms are kept clean and clean linen is not stored on the floor.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: The unused bathroom will be included in the cleaning schedule and staff have been reminded not to store the clean linen bags on the floor</p>
<p>Area for improvement 4</p> <p>Ref: Standard 27.11</p> <p>Stated: First time</p> <p>To be completed by: 10 September 2025</p>	<p>The Registered Person shall ensure bathrooms and bedrooms are not used as storage areas.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: Bathrooms and bedrooms will not be used as storage areas and all staff have been reminded of the importance of adhering to this</p>

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