



The Regulation and
Quality Improvement
Authority

Inspection Report

Name of Service: Copperfields
Provider: Edward Enterprises NI Ltd
Date of Inspection: 29 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/Registered Provider:	Edward Enterprises NI Ltd
Responsible Person:	William Henry Hume Edwards
Registered Manager:	Gillian Posten - not registered
<p>Service Profile – This home is a registered nursing home which provides nursing care for up to 32 patients.</p> <p>Accommodation is over two floors with shared communal areas and a dining room on the ground floor level.</p>	

2.0 Inspection summary

This unannounced inspection took place on 29 September 2025, from 9am to 3pm. The inspection was conducted 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 of improvement identified by RQIA, during the last care inspection on 3 October 2024.

The inspection found that safe, effective and compassionate care was delivered to patients and the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

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

Patients said that living in the home was a good experience. Patients unable to articulate their views appeared comfortable and at ease.

As a result of this inspection, two new areas of improvement were made. Full details of this area of improvement can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4. All previous areas of improvement were reviewed as met.

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 said that they were well cared for, staff were kind and attentive, they enjoyed the meals and the atmosphere in the home was good. Some of the comments made included the following statements; "I am very happy here. All is very good. I certainly have no complaints.", "They (the staff) are looking after me alright. They (the staff) are just nice people." and "I am the best, everything is very good."

Patients who could not articulate their views were seen to be comfortable and at ease in their environment and interactions with staff.

Staff said they were happy with their roles and duties, that there was good team working and morale and they received good training and support. Staff said that they felt the standard of care provided was very good.

One visiting relative said they were very happy with the care in the home and staff were kind and attentive.

Feedback from the one returned patient / representative questionnaire was positive in respect of the care and services provided for in the home.

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 robust systems in place to manage staffing.

An effective system was in place to manage nursing and care staffs' registration with the Nursing & Midwifery Council (NMC) or the Northern Ireland Social Care Council (NICSS).

Staff spoken with said there was good teamwork and that they felt well supported in their role. Staff also said that staffing levels were satisfactory. Patient call systems were noted to be answered promptly by staff.

Patients said that they felt well cared for; that there was enough staff on duty if they needed them and that staff were kind.

3.3.2 Quality of Life and Care Delivery

Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Staff interactions with patients were respectful, warm, polite and friendly.

It was observed that 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 patients choice in how and where they spent their day or how they wanted to engage socially with others.

Examination of care records and discussion with the staff confirmed that the risk of falling and falls was managed and referrals were made to other healthcare professionals as needed. For example, patients were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy. An area of improvement was made for all nursing and care staff to receive training in falls management to ensure staff knowledge is kept up to date.

At times some patients may require the use of equipment or practices that could be considered restrictive such as bed rails or alarm mats. Use of such equipment was reviewed on a monthly basis.

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

Good nutrition and a positive dining experience are important to the health and social well-being of patients. Patients needed a range of support with their meal, including simple encouragement through to full assistance and their diets modified as assessed. An area of improvement was made for all nursing, care staff and catering staff to receive training in dysphagia to ensure staff knowledge is kept up to date.

The dinnertime meal was appetising, wholesome and nicely presented. Choice of meal was in place. Staff assistance and support was organised and unhurried. It was observed that patients were enjoying their meal and their dining experience.

The genre of music and television channels played was in keeping with patients' age group and tastes. There was a nice relaxed atmosphere and ambience in place. Many of the patients were enjoying the services of a visiting hairdresser.

3.3.3 Management of Care Records

The manager undertakes a preadmission assessment to ensure the needs of the potential patient of the home can be safely met in the home. Following the initial assessment care plans are developed to direct staff on how to meet patients' needs and will include any advice or recommendations made by other healthcare professionals

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Progress records were well written with issues of assessed need having a recorded statement of care / treatment given and effect of same.

Patients' care records were stored safely and confidentially.

3.3.4 Quality and Management of Patients' Environment Control

The home was clean, tidy and well maintained. Patients' bedrooms were comfortable, personalised and suitably facilitated. Communal areas were nicely decorated, suitably furnished and comfortable.

The grounds of the home were well maintained.

The home's most recent fire safety assessment was dated 7 August 2024. An area of improvement was made for a time bound action plan to be submitted detailing how all the recommendations from this assessment will be addressed. The assessment was scheduled for review for 1 October 2025.

Fire safety training, safety drills and safety checks in the environment were maintained on an up-to-date basis.

Cleaning chemicals were stored safely and securely.

Observations of care practices and review of records confirmed appropriate protocols were in place with infection prevention and control, including staff training in this area.

3.3.5 Quality of Management Systems

Gillian Posten is the acting manager of the home. Assurances were sought to confirm that an application to apply for registration with RQIA would be made promptly. It is required that the RI inform RQIA when there are changes to the management arrangements; RQIA were not

informed of the most change of manager. Following discussion it was agreed that a retrospective notification of manager absence would be submitted without further delay.

Staff spoke positively about the managerial support, saying that they would have no hesitation in reporting issues of concern and felt these would be dealt with appropriately.

There was evidence of auditing across various aspects of care and services provided by the home, such as environmental audits, care records, and falls and accidents. Additionally there are monthly audits of all patients' care review meetings with their aligned named workers, as to ensure these reviews are up-to-date. This is good practice.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified to all relevant stakeholders.

The home was visited each month by the Responsible Person to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

4.0 Quality Improvement Plan/Areas for Improvement

Two 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	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Gillian Posten, 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27(4)(a) Stated: First time To be completed by: 29 October 2025	The registered person shall ensure that all the recommendations from the fire safety risk assessment, dated 7 August 2024, are fully addressed. Ref: 3.3.4 Response by registered person detailing the actions taken: All recommendations from the Fire Safety Risk Assessment dated 7 th August 2024 was completed, but had not been signed off. This has now been fully addressed.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 39(4) Stated: First time To be completed by: 29 October 2025	The registered person shall ensure that all staff, as appropriate, receive up-to-date training in; <ul style="list-style-type: none"> • Falls management • Dysphagia Ref: 3.3.2 Response by registered person detailing the actions taken: Falls management - Face to face training planned for 17/11/2025. Dysphagia - In progress. Southern Trust training on line and face to face training planned for Jaunary 2026.

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