

Inspection Report

Name of Service: Rockfield Care Home
Provider: Burnview Healthcare Ltd
Date of Inspection: 11 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:	Burnview Healthcare Ltd
Responsible Individual:	Mrs Briega Agnes Kelly
Registered Manager:	Mr Gabriel Neculau
Service Profile – This is a registered nursing home, which provides general nursing care for up to 35 patients. Patients have access to a communal lounge and dining areas. There is a well maintained garden surrounding the home.	

2.0 Inspection summary

An unannounced inspection took place on 11 September 2025, from 9:55 am to 4:25 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 12 October 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection evidenced that safe, effective and compassionate care was delivered to patients and that 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 that staff were knowledgeable and well trained to deliver safe and effective care.

Patients said that living in the home was a good experience.

As a result of this inspection, all areas for improvement 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 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 told us they were happy with the care and services provided. Comments made included "staff treat me well, it's a nice place to be" and "I have nothing to complain about, I am happy with the care".

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

Patients told us that staff offered choices to patients 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.

Staff spoke in positive terms about the provision of care, their roles and duties, training and managerial support with comments such as "I am very happy working here".

Families spoken with told us that they were very happy with the care provided and that there was good communication from staff with comments such as "staff are fabulous, the girls all know what ... likes and dislike" and "there is a friendly atmosphere, I'm here every day".

Questionnaires received by relatives indicating that they were satisfied with the overall provision of care in the home with comments such as "mywas provided with an excellent standard of nursing care throughout ... stay in Rockfield Nursing Home" and "excellent care, staff always say hello and have a smile for you".

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.

Patients 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.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

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

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

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 patient choice in how and where they spent their day or how they wanted to engage socially with others.

At times, some patients 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. Review of the restrictive practice audits evidenced that they required further detail in regards to the type of restraint in place. This was discussed with the manager and assurances were given that this would be addressed. This will be reviewed at the next inspection.

Patients may require special attention to their skin care. Review of patient care records relating to pressure area care evidenced that the recommended frequency of repositioning was not consistently recorded; also, some entries were not time specific. An area for improvement was identified.

Examination of care records and discussion with staff confirmed that the risk of falling and falls were 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 patients. Patients 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 patients to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. It was clear that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

The importance of engaging with patients was well understood by the manager and staff. Staff understood that meaningful activity was not isolated to the planned social events or games.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home. The activity schedule was on display. It was positive to see that the activities provided were varied, interesting and suited to both groups of patients and individuals. Activities planned for the week included arts and crafts, exercise classes, sing-a-longs.

Patients were well informed of the activities planned and of their opportunity to be involved. Patients looked forward to attending the planned events. Staff were observed sitting with patients and engaging in discussion. Patients who preferred to remain private were supported to do so and had opportunities to listen to music or watch television or engage in their own preferred activities.

On the afternoon of the inspection, several patients took part in an "afternoon tea" in the communal lounge. Some visitors were also in attendance and patients were obviously enjoying the experience.

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.

Patients care records were held confidentially.

Care records were person centred, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

3.3.4 Quality and Management of Patients' Environment Control

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

A small number of bedrooms required their flooring replaced. Assurances were given by the manager that this was being addressed and will be reviewed at the next inspection.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance. A small number of staff were observed to be wearing gel nails. This was discussed with the manager and confirmation was given after the inspection that supervision would be carried out to address this. This will be reviewed at the next inspection.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mr Gabriel Neculau has been the manager in this home since 6 January 2023.

Relatives and staff commented positively about the management team 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.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the safeguarding champion for the home.

Review of records evidenced that a potential safeguarding concern had not been escalated in a timely manner. A notification under Regulation 30 was submitted retrospectively. This was discussed with the manager and an area for improvement was identified.

Patients and their relatives spoken with said that they knew how to report any concerns and said they were confident that the Manager would address their concerns.

Compliments received about the home were kept and shared with the staff team

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	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Gabriel Neculau, 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 14 (4) Stated: First time To be completed by: 11 September 2025	<p>The registered person shall ensure that any potential safeguarding incidents are escalated in a timely manner.</p> <p>Ref: 3.3.5</p>
	<p>Response by registered person detailing the actions taken: A review of the safeguarding escalation process has been completed to ensure that all potential safeguarding concerns are consistently reported in line with the RQIA expectations. Further clarification has now been provided to the team regarding thresholds for referral to ensure a 'report-first' approach where any ambiguity exists. Safeguarding decision-making will continue to be overseen by the home manager and support manager to ensure timely escalation in the future.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 23 Stated: First time To be completed by: 31 October 2025	<p>The registered person shall ensure that where a patient has been assessed as requiring repositioning:</p> <ul style="list-style-type: none"> • care plans and repositioning charts are consistent in relation to the recommended frequency of repositioning • entries recorded are time-specific <p>Ref: 3.3.2</p>
	<p>Response by registered person detailing the actions taken: A review of all the relevant care plans has commenced to ensure that the recommended frequency of repositioning is clearly documented. Repositioning charts are also being updated so that the regime is explicitly stated and correlates with the care plan. Staff have received a refresher regarding the need and importance of time-specific entries, and ongoing spot checks will be carried out to monitor accuracy and consistency. Senior staff will also review repositioning documentation during walkarounds and handovers to ensure sustained compliance.</p>

Please ensure this document is completed in full and returned via the Web Portal



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