

# Inspection Report

**Name of Service:** Roxborough House

**Provider:** Southern Health and Social Care Trust (SHSCT)

**Date of Inspection:** 30 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>	Southern HSC Trust
<b>Responsible Individual:</b>	Mr Steve Spoerry
<b>Registered Manager:</b>	Mr James Dowdall
<b>Service Profile</b>	
This home is a registered residential care home which provides health and social care for up to 30 residents with frail elderly needs and up to two persons living with a learning disability. All residents are accommodated in single bedrooms over two floors. Residents have access to communal areas and a secure outdoor space.	

## 2.0 Inspection summary

An unannounced inspection took place on 30 September 2025 from 10.00 am to 4.50, by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 24 September 2024, 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 well-being of residents and understood the needs of the residents in order to deliver safe and effective care.

Residents said that living in the home was a good experience. Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

While we found care to be delivered in a compassionate manner, improvements were required in relation to the management and governance oversight arrangements. Details were shared with the manager during the inspection and with representatives of the Responsible Individual (RI) on 6 October 2025 to discuss the inspection findings in greater detail. The management team, shared the actions they had taken and planned to take to address the inspection findings.

As a result of this inspection three areas for improvement were assessed as having been addressed by the provider. One area for improvement will be stated for the third and final time. Full details, including five 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 commented positively on their experience of living in the home. Such comments included; "The staff are very helpful and kind to me. The food is very good." "The staff are very good in here, they come quickly if I want anything." "The staff are wonderful here and the food is excellent."

Residents told us that the staff offered choices to them throughout the day which included preferences for getting up and going to bed, food and drink options, and where and how they wished to spend their time.

Staff spoke positively in terms of the provision of care and advised that there was good care provided in this home. Staff told us that the manager was supportive and available for advice and guidance.

However some staff raised concerns in relation to the staffing levels and staffing pressures in the home. This was discussed with the manager who agreed to follow up.

### 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 residents. While there was evidence that a system was in place to manage recruitment; the manager did not have oversight of the recruitment process for all staff to provide assurances that staff were recruited correctly. This area for improvement will be stated for the third and final time.

Review of the records of staff supervision identified that there were a number of staff who had not received supervision within the last six months. This was identified as an area for improvement.

Furthermore it was noted that a number of staff had not had their annual appraisal. This was identified as an area for improvement.

The records of the assessment of staff competency and capability in the absence of the manager were reviewed and identified that these had either not been completed or in need of update. This was identified as an area for improvement.

There was a system in place to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC).

Staff were readily available and responded promptly to call bells. Staff knew what they were required to do each day and understood the needs of the residents.

#### 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 residents' needs, their daily routine wishes and preferences. Staff interactions with residents were observed to be polite, friendly, warm and supportive.

Staff were able to effectively communicate with residents; they were respectful and sensitive to residents' needs. Observations of the staff and resident's interactions found staff to be reassuring and compassionate.

Staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner. Staff offered residents choice in how and where they spent their day or how they wanted to engage socially with others. Expressions of consent were observed during interactions with staff and residents.

The risk of falling was well managed and appropriate action was taken in the event of a fall.

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.

The dining experience was an opportunity for residents to socialise and the atmosphere was relaxed and unhurried. The food was nicely presented and included a choice of meal. It was observed that residents were enjoying their meal. There was enough staff supervision in place throughout the serving of the meal. Discussion with residents confirmed that the food provision was good in the home.

The importance of engaging with residents was well understood by the manager and staff. 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 or watching television. Staff were engaged with a group of residents in the afternoon and residents appeared to enjoy the activity.

### **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. Review of the care plans identified that they were not always reflective of the needs of the residents. This was identified as an area for improvement.

### **3.3.4 Quality and Management of Residents' Environment**

The home was clean, warm and comfortable for residents. Bedrooms were tidy and contained personal belongings for residents. Communal areas were well decorated, suitably furnished and homely.

Cleaning chemicals were stored safely and no odours were identified.

The home's most recent fire safety risk assessment was completed on 26 April 2024. Any recommendations made as a result of this assessment were signed off, as actioned. However there were no arrangements in place to review this assessment. Discussion with the manager following the inspection confirmed that the review of the fire risk assessment had been completed. This will be followed up at the next inspection.

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.

### 3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mr James Dowdall is the registered manager of this home.

Staff on duty commented positively about the manager and described them as supportive, approachable and able to provide guidance.

Records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

The Responsible Individual is required to visit the home each month to consult with residents, their relatives and staff and to examine all areas of the running of the home and a written report should be completed. Review of these records identified that these were completed and the reports of these visits were available in the home.

### 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>	3*	2

\*the total number of areas for improvement includes one area which has been stated for a third time.

Areas for improvement and details of the Quality Improvement Plan were discussed with James Dowdall, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 21 (1) (b) Schedule 2</p> <p><b>Stated:</b> Third time</p> <p><b>To be completed by:</b> As from the date of this inspection (1 October 2025)</p>	<p>The registered person shall ensure that all staff are recruited appropriately in the home. Furthermore, the manager should have oversight of the recruitment process including preemployment checks.</p> <p><b>Ref:</b> 3.3.1</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager has full oversight of the recruitment progress.</p> <p>After a position is advertised the Manager can view the whole recruitment progress via the Amicus System.</p> <p>The Registered Manager will regularly check Amicus to ensure that all pre employment checks are completed before agreeing a start date.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 20 (3)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 15 October 2025</p>	<p>The registered person shall ensure that competency and capability assessments are completed for all staff who are in charge of the home, in the absence of the manager.</p> <p><b>Ref:</b> 3.3.1</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager has reviewed and completed all the Band 5 staff competency and capability assessments.</p> <p>The Registered Manager is currently reviewing the competency form/documentation to ensure it reflects the changing nature of the service provided in the Home.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 16 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 15 October 2025</p>	<p>The registered person shall ensure that care plans are reflective of the needs of the residents.</p> <p><b>Ref:</b> 3.3.3</p> <p><b>Response by registered person detailing the actions taken:</b> All careplans within the Home have been reviewed and reflect the individual Health and Social Care needs of the residents.</p> <p>A random sample of Residents care plans will be audited monthly and results reviewed by the Registered Manager to ensure compliance with this standard.</p>

	Any areas of improvement will be addressed and learning shared with the staff.
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (version 1.1 Aug 2021)</b>	
<b>Area for improvement 1</b> Ref: Standard 24.2 Stated: First time To be completed by: 31 October 2025	The registered person shall ensure that all staff receive formal supervision, no less than every six months.  Ref: 3.3.1
	<b>Response by registered person detailing the actions taken:</b> The Registered Manager has now set formal supervision dates for all staff to have supervisions completed in the next three months.  Staff and supervisors have been notified of these dates.  The Registered Manager will oversee that all supervisions have been completed and follow up with staff directly any that remain outstanding.  A programme of formal supervision for all staff will be agreed going forward.
<b>Area for improvement 2</b> Ref: Standard 24.5 Stated: First time To be completed by: 31 October 2025	The registered person shall ensure that all staff have a recorded annual appraisal completed.  Ref: 3.3.1
	<b>Response by registered person detailing the actions taken:</b> The Registered Manager has now set up annual Appraisal dates for all staff.  Staff and Supervisors have been notified of these dates.  The Registered Manager will oversee that all Appraisals have been completed and follow up with staff directly any that remain outstanding.  A programme of formal appraisal for all staff will be agreed going forward.

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



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