



Inspection Report

Name of Service: Cloughreagh House

Provider: Southern Health and Social Care Trust (SHSCT)

Date of Inspection: 14 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:	Southern Health and Social Care Trust (SHSCT)
Responsible Individual:	Mr Steve Spoerry
Registered Manager:	Mrs Kathleen Patricia McBeth
<p>Service Profile:</p> <p>This home is a registered Residential Care Home which provides health and social care for up to 23 residents. The home provides care for residents living with dementia, and for those needing general residential care.</p> <p>Resident's bedrooms are located over two floors in the home. Residents have access to communal lounges, dining room and a gym to use for rehabilitation purposes.</p>	

2.0 Inspection summary

An unannounced care inspection took place on 14 August 2025, from 10.10 am to 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 determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents 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 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.

While care was found to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

There were no areas for improvement identified from the previous care inspection on 12 September 2024. Three areas for improvement relating to medicines management were not assessed and these will be reviewed at a future inspection. 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 resident's, 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

Residents told us they were happy living in the home, they felt well looked after and listened to by staff and management. Residents comments included "staff are first class", "staff are excellent" and "I feel safe staying here".

Some residents told us that they were concerned that their stay in the home had been delayed due to lack of availability of care packages in their area. This was also highlighted during a review of residents meeting minutes. These comments were shared with the management team for their review and action.

One relative spoken with confirmed that they are satisfied with the care being provided in the home and comments shared included, "staff are always welcoming and pleasant".

Staff spoke positively in terms of the provision of care in the home and their roles and duties. Staff told us that the manager was supportive and available for advice and guidance.

Six questionnaire responses were received from residents following the inspection. They all confirmed they were satisfied with the care and services provided 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 residents. There was evidence of robust systems in place to manage staffing.

Residents 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 mostly satisfied with the staffing levels.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example; if they wished to have a lie in or if they preferred to eat their breakfast later than usual.

The staff duty rota evidenced that the person in charge of the home, in absence of the manager was not consistently highlighted. Also, the duty rota was not always in keeping with best practice guidance, for example; red pen had been used. An area for improvement has been identified.

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 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. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

Residents may require special attention to their skin care. Care records accurately reflected the residents' assessed needs and input from other professionals such as the District Nursing team.

Examination of care records and discussion with the manager 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 their GP if required.

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.

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 appeared appetising and nutritious.

However, discussion with staff about resident's dietary needs highlighted that staff were not clear on the specific Speech and Language Assessment (SALT) details evidenced in residents care records. An area for improvement has been identified.

Activities for residents were provided which included both group and one to one activities. Residents told us that they were offered a range of activities and spoke highly of the staff involved in delivering activity provision in the home.

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.

Care records were person centred, mostly 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

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

Observations identified some concerns with environmental risk management. For example; two storage rooms were not locked and items were being stored in these rooms such as toiletries, which were accessible to residents. The kitchenette was not locked and had access to sharps, food and fluids. An area for improvement has been identified.

It was also identified that one bedroom was not being used for its registered purpose and items such as equipment and mattresses were being stored inappropriately in it. This was discussed with the management team and assurances were provided post inspection that the room had been cleared and reverted to its original use. This will be reviewed at a future inspection.

A review of the dining room evidenced that it had been partitioned so that staff had access to a break out area. There was a fridge in this area that was unlocked and had access to food and fluids and staff had left their personal belongings in this area also. An area for improvement has been identified.

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.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Kathleen McBeth has been the Manager of this home since 6 August 2013.

Residents and staff commented positively about the manager and described her 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. 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 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
Total number of Areas for Improvement	2	5*

* the total number of areas for improvement includes three standards which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team 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 14 (4) Stated: First time To be completed by: 14 August 2025	<p>The Registered Person shall ensure that all areas of the home to which residents have access, are free from hazards to their safety.</p> <p>This area for improvement is made with specific reference to the storage of toiletries and access to the kitchenette.</p> <p>Ref: 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: This has been actioned; staff have been reminded not to store toiletries in the linen cupboards or areas of the home where residents have access. The kitchenette has a key pad, and staff have been reminded to keep the door closed. Daily checks are completed to ensure full compliance</p>
Area for improvement 2 Ref: Regulation 27 (3) (a) Stated: First time To be completed by: 1 October 2025	<p>The Registered Person shall ensure that there are suitable facilities for staff in the home, including an area for breaks that does not impact on residents communal space and safe storage for staff belongings.</p> <p>Ref: 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: A range of potential solutions have been identified and referred to our Estates Service for detailed evaluation.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard 6 Stated: First time To be completed by:	<p>The registered person shall ensure that whenever a resident is prescribed medication for administration on a “when required” basis for the management of distressed reactions, a behavioural management care plan is in place.</p> <p>Ref: 5.1</p>

24 November 2023	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 6 Stated: First time To be completed by: 24 November 2023	The registered person shall ensure that whenever a resident is prescribed insulin, a diabetes care plan is in place. Ref: 5.1 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 3 Ref: Standard 6 Stated: First time To be completed by: 24 November 2023	The registered person shall ensure that whenever a resident self-administers medication, a self-administration of medicines care plan and risk assessment are in place. 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 4 Ref: Standard 25.6 Stated: First time To be completed by: 14 August 2025	The Registered Person shall ensure that the person in charge of the home, in absence of the manager is highlighted on the staff duty rota. The rota must be maintained as per good record keeping principles. Ref: 3.3.1 Response by registered person detailing the actions taken: The rota has been amended to identify the person in charge in the absence of the Registered Manager. The Rota is maintained as per good record keeping principles.

<p>Area for improvement 5</p> <p>Ref: Standard 12.10</p> <p>Stated: First time</p> <p>To be completed by: 14 August 2025</p>	<p>The Registered Person shall ensure that staff are aware of the details of resident's modified diets as per the residents Speech and Language Therapy (SALT) assessment and care records.</p> <p>Ref: 3.3.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Staff have been reminded of the importance of ensuring all staff within the team are fully aware of the details of resident's modified diets as per Speech and Language Therapy (SALT). This information is discussed and shared at staff handover.</p> <p>In addition, the SALT recommendations are recorded in the Residents' assessment, careplan and a placement risk assessment is also displayed on a white board in the clinical room and in the kitchen in line with legislative requirements and data protection.</p>

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