

# Inspection Report

**Name of Service:** Crozier House  
**Provider:** Southern Health and Social Care Trust  
**Date of Inspection:** 19 August 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:</b>	Southern Health and Social Care Trust
<b>Responsible Individual:</b>	Mr Steve Spoerry
<b>Registered Manager:</b>	Mrs Debbie Millar - acting
<p><b>Service Profile :</b></p> <p>This home is a registered Residential Care Home, which provides health and social care for up to 27 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 one floor in the home. Residents have access to communal lounge, dining room and hairdressing room.</p>	

## 2.0 Inspection summary

An unannounced care inspection took place on 19 August 2025, from 9.50 am to 3.00 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 10 October 2024; 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.

As a result of this inspection one area for improvement from the previous care inspection was assessed as having been addressed by the provider. Four 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 lovely and the home is immaculate", "staff are very good" and "the staff help me with anything I need".

One relative spoken with confirmed that they were satisfied with the care and services being delivered in the home.

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.

Two questionnaire responses were received from residents following the inspection. They both 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.

A review of staff recruitment records highlighted that the current system in place was not robust or consistent in order to ensure effective managerial oversight of the recruitment system. For example, it was unclear from the records reviewed if employment history, reasons for leaving, gaps in employment and staff health assessment had been explored and completed prior to commencement in post. Advice was provided to the manager to review the current system in place and an area for improvement was identified.

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 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 highlighted 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.

A review of the person left in charge of the home in absence of the manager competency and capability assessments highlighted that these were overdue for review. This was discussed with the manager who agreed to complete a review.

The staff training matrix had not been kept up to date, therefore RQIA were unable to confirm that staff working in the home had received the relevant training commensurate to their role and function within the home. 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.

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.

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.

Observation of the planned activity, which was an armchair fitness class, confirmed that staff knew and understood resident's preferences and wishes and how to provide support for residents to participate in-group activities or to remain in their bedroom with their chosen activity such as reading, listening to music or having visits with their relatives.

### 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.

Review of residents' care records identified concerns in relation to the development, review and update of care plans to ensure they reflected the residents' care needs. For example, there was evidence that care plans were not in place to direct care for those residents with skin care needs. An area for improvement has been identified.

It was also identified that residents risk assessments were not always reviewed or updated in a timely manner. For example; skin care risk assessments were either not in place or not detailed to manage the identified risk for two residents. Another resident who was assessed as at high risk of falls, although they had a risk assessment in place it stated that no risks were identified. An area for improvement has been identified.

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 communal areas were well decorated, suitably furnished and homely.

Observations identified concerns with environmental risk management. For example; the laundry room was unlocked which had cleaning chemicals and food items which were easily accessible to anyone entering the room. The hairdressing room was unlocked and there were hairdressing supplies such as hairspray accessible. The kitchenette used by staff was also unlocked and there was access to food, fluids, cleaning chemicals and staff belongings. An area for improvement has been identified.

It was also identified that the staff office door had been propped open and information about residents was easily accessible, potentially breaching their right to privacy and confidentiality. 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.

A review of the Fire Risk Assessment for the home identified that it was due for review, this was discussed with the manager and written assurances were provided to RQIA post inspection that a review has been arranged.

### **3.3.5 Quality of Management Systems**

There has been a change in the management of the home since the last inspection. Mrs Debbie Miller has been the Acting Manager in this home since 27 July 2025.

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. However advice was provided to the manager to ensure that audits are purposeful and meaningful and in place to drive the necessary improvements in the home. It was also discussed the need to consider a managerial environmental audit to support with driving improvements within the homes environment, such as the issues with managing hazards and risks, as identified during this inspection. This will be reviewed at a future inspection.

#### 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*	8*

\* the total number of areas for improvement includes one regulation and 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 Debbie Millar, acting 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>	
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> 10 July 2023	The registered person shall ensure that records of administration of thickening agents are accurately maintained and that they include the recommended consistency level.  Ref:  <b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 14 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> 19 August 2025	The Registered Person shall ensure that all areas of the home to which residents have access, are free from hazards to their safety.  This area for improvement is made with specific reference to the supervision and storage of cleaning chemicals, hairdressing supplies and staff belongings.  Ref: 3.3.3

	<p><b>Response by registered person detailing the actions taken:</b> All staff belongings have been removed from areas to which residents have access. Staff have been reminded to secure their personal belongings appropriately.</p> <p>Cleaning chemicals are now stored appropriately in the COSHH cupboards in line with policy.</p> <p>The hairdresser attending the home now brings and removes her own hairdressing supplies so no items are left in the hairdressing room.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (8) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 19 August 2025</p>	<p>The Registered Person shall ensure the staff office is locked securely when not in use to ensure resident's personal information is stored securely and in accordance with DHSSPS policy, procedures and guidance.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> Estates have been contacted requesting a locking system on the staff office that will be accessible only to staff.</p> <p>Staff have been directed to check they have closed the office door on leaving while we await works to be completed.</p>
<p><b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 July 2023</p>	<p>The registered person shall ensure that care plans are in place to direct staff when residents are prescribed medicines for chronic pain.</p> <p>Ref: 2.0</p> <p><b>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.</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 32.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b></p>	<p>The registered person shall ensure that the temperature of the room where medicines are stored is monitored and recorded daily to ensure medicines are stored appropriately.</p> <p>Ref:</p>

10 July 2023	<b>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.</b>
<b>Area for improvement 3</b> <b>Ref:</b> Standard 33 <b>Stated:</b> First time <b>To be completed by:</b> 10 August 2023	<p>The registered person shall ensure that a robust system of audit which covers all aspects of medicines management is implemented to ensure that safe systems are in place and any learning from errors/incidents can be actioned and shared with relevant staff.</p> <p>Ref: 2.0</p> <p><b>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.</b></p>
<b>Area for improvement 4</b> <b>Ref:</b> Standard 19.2 <b>Stated:</b> First time <b>To be completed by:</b> 1 September 2025	<p>The Registered Person shall ensure that they review the current system for recruitment of staff in the home. A checklist should be put in place to include; gaps in employment, reasons for leaving, employment history and health check.</p> <p>Ref: 3.3.1</p> <p><b>Response by registered person detailing the actions taken:</b>  The Interim Registered Manager (RM) now has access to the Human Resources Amiqus system detailing the status of all pre-employment checks.</p> <p>The RM has now implemented a checklist for the front of all new staff files ensuring gaps in employment, reasons for leaving, employment history and health check is populated appropriately.</p>
<b>Area for improvement 5</b> <b>Ref:</b> Standard 25.6 <b>Stated:</b> First time <b>To be completed by:</b> 19 August 2025	<p>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.</p> <p>Ref: 3.3.1</p> <p><b>Response by registered person detailing the actions taken:</b>  The staff duty rota has now been amended to an electronic form which clearly identifies who the person in charge is.</p>

<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 23.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 19 August 2025</p>	<p>The Registered Person shall ensure an up to date record of staff mandatory training compliance is kept in the home.</p> <p>Ref: 3.3.1</p> <p><b>Response by registered person detailing the actions taken:</b> The training matrix has been updated within the home. Staff are currently working to ensure all mandatory training is up to date.</p> <p>The RM now has full oversight of the training matrix and audits are now being undertaken to ensure compliance.</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 6.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 September 2025</p>	<p>The Registered Person shall ensure that residents care plans for skin care are written with sufficient detail to meet the resident's needs and direct care for staff.</p> <p>Ref: 3.3.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> All senior staff have been informed to ensure that care plans are person centred and sufficiently detailed. Audits are now in place to ensure compliance with same.</p>
<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Standard 5.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 September 2025</p>	<p>The Registered Person shall ensure that individual risk assessments are completed to inform the care planning process and kept under regular review.</p> <p>This area for improvement is made with specific reference to risk assessments for residents who have identified skin care needs.</p> <p>Ref: 3.3.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> All senior staff have been advised to complete individual risk assessments where applicable to inform the care planning process and this will be kept under review.</p> <p>All Senior staff have been advised where applicable to complete risk assessments for residents with identified skin care needs.</p> <p>Audits are now in place to ensure compliance with same.</p>

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



## The Regulation and Quality Improvement Authority

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