



Inspection Report

Name of Service: Ardview House

Provider: South Eastern HSC Trust

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

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| Organisation: | South Eastern Health and Social Care Trust |
| Responsible Individual: | Ms Roisin Coulter |
| Registered Manager: | Miss Cathryn Anne Canning Date registered: 8 June 2015 |
| <p>Service Profile –</p> <p>This home is a registered Residential Care Home, which provides health and social care for up to 39 residents. The home provides care for residents living with dementia, physical disabilities, mental health, alcohol dependence, terminally ill and for those needing general residential care.</p> <p>Residents bedrooms are located over two floors in the home. Resident's have access to communal lounges, dining rooms and a hairdressing room.</p> | |

2.0 Inspection summary

An unannounced care inspection took place on 30 September 2025, from 9.45 am to 4.00 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 8 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 five areas for improvement from the previous care inspection 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 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. 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 helpful", "the staff are very good" and "the staff keep my room nice and clean".

Two relatives spoken to confirmed they were satisfied with the care and service provided in the home to their loved ones. However, one relative's feedback about the temperature of the home was shared with the manager for their review and action.

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.

No questionnaire responses were received following the inspection.

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 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.

3.3.2 Quality of Life and Care Delivery

All care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about the residents, especially changes to care, that they needed to assist them in their caring roles.

Staff interactions with residents were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual resident's 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.

At times some residents 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. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

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 both dining rooms confirmed that enough staff were present to support residents with their meal and that the food served appeared appetising and nutritious. It was noted that there was no menu available for residents to view in the dementia unit; this was discussed with the manager who provided assurances that staff use another visual system to support residents living with dementia with making choices at meal times.

Activities for residents were provided which included both group and one to one activities. An activity planner was visible for residents and their representatives to view.

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.

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 dementia specific care plans were not person-centred and lacked detail in relation to residents communication needs and social and emotional well being. An area for improvement has been identified.

There was also evidence that care plans were not always reflective of residents changing needs and there were inconsistencies identified between resident's daily progress notes and care records in relation to the level of care/support needed. An area for improvement has been identified.

It was also identified for those residents who required a Deprivation of Liberty Safeguard (DoLS), the care plans in place lacked the specific details in relation to this care need. 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; one resident who had been assessed as needing a modified diet, had no choking risk assessment in place. Another resident who had behaviour support needs had no risk assessment in place. An area for improvement has been identified.

3.3.4 Quality and Management of Residents' Environment

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

It was apparent that some work had been completed in parts of the home to ensure the homes environment was maintained and decorated to a good standard. It was evident that there was still work required and this was discussed with the management team who shared a robust environmental action plan with RQIA for review. RQIA are satisfied that refurbishment has been identified which will enhance the overall quality of life and lived experience for residents living in the home.

There were some infection prevention and control deficits identified, for example equipment used by residents such as a number of commodes were rusted and could not be effectively cleaned. Personal and Protective Equipment (PPE) such as aprons were not stored appropriately in two bathrooms and it was identified in another bathroom that the pull cord for the light did not have a wipeable coating fitted. An area for improvement has been identified.

It was identified that the hairdressing room had been left unattended and unlocked and there was access to a number of items that require secure storage such as hair dye and cleaning materials. This room is located in a part of the home where there is no direct resident access, however it should be locked when not in use. An area for improvement has been identified.

A number of items of equipment used by residents such as a wheelchair and shower chairs were being stored inappropriately in a bathroom upstairs. An area for improvement has been identified.

It was noted that the temperature of the home was very warm, for example, one radiator in an upstairs bathroom was hot to touch posing a potential risk to residents. This was discussed with the manager who arranged immediately for the temperature to be reviewed. This will be reviewed at a future inspection.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Cathryn Canning has been the Registered Manager in this home since 8 June 2015.

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.

Staff told us that they would have no issue in raising any concerns regarding residents' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further.

It was noted that two incidents and accidents had not been reported to RQIA as required. This was discussed with the manager and retrospective notifications were completed following the 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 |
|----------------------------------------------|-------------|-----------|
| Total number of Areas for Improvement | 2 | 6 |

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

| Quality Improvement Plan | |
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| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | |
| Area for improvement 1 Ref: Regulation 13 (7) Stated: First time To be completed by: 30 September 2025 | <p>The Registered Person shall ensure the infection prevention and control issues identified during the inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement is made in relation to equipment used by residents that have evidence of rust must be repaired or replaced to allow effective cleaning. In addition, the storage of PPE and ensuring all pull cords have a wipeable coating attached.</p> <p>Ref: 3.3.4</p> |
| | <p>Response by registered person detailing the actions taken: Rusted items removed on day of inspection (commodes). Danistations ordered and awaiting arrival. Pull cords with wipeable coating replaced were needed.</p> |
| Area for improvement 2 Ref: Regulation 14 (4) Stated: First time To be completed by: 30 September 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 hair dressing supplies and cleaning items in the hairdressing room.</p> <p>Ref: 3.3.4</p> |
| | <p>Response by registered person detailing the actions taken: The hair dressing room now remains locked at all times. Key only available to Senior in charge.</p> |
| Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022) (Version 1:2) | |
| Area for improvement 1 Ref: Standard 25.6 Stated: First time | <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> |

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| <p>To be completed by: 30 September 2025</p> | |
| <p>Area for improvement 2</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: 1 November 2025</p> | <p>Response by registered person detailing the actions taken: Completed. The Rota has been amended and reprinted to meet expectations of good record keeping.</p> <p>The Registered Person shall ensure that for those residents living with dementia, their care plans are written with sufficient detail to meet the resident's needs and direct care for staff.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: All care plans have been reviewed and updated to reflect current levels of needs reflective in day to day life.</p> |
| <p>Area for improvement 3</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: 1 November 2025</p> | <p>The Registered Person shall ensure that resident's care plans are kept up to date and reflect the resident's current needs in relation to the level of care and support required.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: Care planning has been added to the weekly check list of staff tasks and updated as needed. this also includes clear recordings of no change of need to reflect monthly review. contemporaneous careplanning was discussed with staff at the team meeting on 24 November 2025</p> |
| <p>Area for improvement 4</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: 1 November 2025</p> | <p>The Registered Person shall ensure that any resident who requires a Deprivation of Liberty Safeguard (DoLS) has a care plan in place which details the rational for this aspect of care, this should be kept under review.</p> <p>Ref: 3.3.3</p> |
| | <p>Response by registered person detailing the actions taken: complete. There is a check list of Residents subject to DoLS which is reviewed on a monthly basis. this reminds staff to review the DoLS careplan and is also recorded in monthly governance report to Service Managers.</p> |

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| <p>Area for improvement 5</p> <p>Ref: Standard 5.2</p> <p>Stated: First time</p> <p>To be completed by: 1 October 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 on a modified diet and for those with behaviour support needs.</p> <p>Ref: 3.3.3</p> |
| | <p>Response by registered person detailing the actions taken: individual specific risk assessments for residents on a modified diet and for those with behavioural support needs, are now completed and uploaded on Encompass media manager to link with the individual resident's care plan.</p> |
| <p>Area for improvement 6</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2025</p> | <p>The Registered Person shall ensure that any equipment is stored appropriately in the home.</p> <p>Ref: 3.3.4</p> |
| | <p>Response by registered person detailing the actions taken: Equipment is stored in allocated areas. This area has been added to the weekly health and safety checklist to ensure continuity to embed practice.</p> |

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