



Inspection Report

Name of Service: Clifton House
Provider: Radius Housing Association
Date of Inspection: 23 May 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation:	Radius Housing Association
Responsible Individual:	Mrs Fiona McAnespie
Registered Manager:	Catrina O'Rourke Date registered: 23 January 2023
Service Profile:	
<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, physical disabilities, past or present alcohol dependence and for those needing general residential care.</p> <p>Residents bedrooms are located over two floors in the home. Residents have access to lounge areas, dining room, activity room and hairdressing room. The home has an enclosed garden for residents to enjoy.</p>	

2.0 Inspection summary

An unannounced care inspection took place on 23 May 2025, from 9.35 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 assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 9 July 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 three areas for improvement from the previous care inspection on 9 July 2024 were assessed as having been addressed by the provider. One area for improvement was not met and will be stated for a second time. 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 great", "staff are very kind" and "the staff are super".

Two relatives spoken with confirmed that they are happy with the care and services provided 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.

One questionnaire response was received from a relative following the inspection. They 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 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.

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.

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 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 a therapeutic activity, confirmed that staff knew and understood resident's preferences and wishes and how to provide support for residents to participate in group activities.

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 mostly well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. However, some care records highlighted specific issues around the management of falls risk and the review of records following a fall. 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 Control

The home was clean, warm and comfortable for residents. Bedrooms were tidy and personalised with photographs and other personal belongings for residents.

It was apparent that work was required in parts of the home to ensure the homes environment was maintained and decorated to a good standard. Ceiling tiles were broken and missing in areas throughout the home and there was damage to wood work and paintwork in hallways and communal areas. An area for improvement has been stated for a second time.

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 management of the home since the last inspection. Mrs Catrina O'Rourke has been the manager of this home since 3 March 2021.

Residents and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

A review of staff meeting minutes highlighted that the last meeting for care staff took place on 14 March 2024. Staff meetings should take place at least quarterly. An area for improvement has been identified.

Advice was provided to the manager to review the auditing system in the home in order to ensure that processes are in place to improve the environment and/or the quality of services provided in the home. 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	0	3*

* the total number of areas for improvement includes one standard that has been stated for a second time

Areas for improvement and details of the Quality Improvement Plan were discussed with Catrina O'Rourke, 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 Residential Care Homes Minimum Standards (Version 1.2) (Dec 2022)	
Area for improvement 1 Ref: Standard 27.1 Stated: Second time To be completed by: 1 October 2025	<p>The registered person shall conduct a review of the homes environment to identify refurbishments required and complete a time bound action plan to address any issues identified. This plan should be shared with RQIA for review.</p> <p>Ref: 2.0 & 3.3.4</p> <p>Response by registered person detailing the actions taken: Aspects of refurbishment have been completed, including new flooring internal redecoration to communal areas, installation of a new passenger lift and fire panel. As Clifton House is a listed building, the further programme of refurbishment works has been collated for approval by the specialist architect and design team. Once this has been agreed a copy with timescale will be shared with the Estates Inspector.</p>
Area for improvement 2 Ref: Standard 6 Stated: First time To be completed by: 23 May 2025	<p>The Registered Person shall ensure that where a resident is at risk of falling, their care plan and risk assessment are reviewed and updated following any fall.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: This has been actioned and all Senior staff reminded to review both documents following every fall.</p>
Area for improvement 3 Ref: Standard 25.8 Stated: First time To be completed by: 1 July 2025	<p>The Registered Person shall ensure that staff meetings take place on a regular basis, for all staff, at least quarterly and that records are maintained.</p> <p>Ref: 3.3.5</p> <p>Response by registered person detailing the actions taken: This has been actioned, minutes are available for review and a quarterly schedule is in place.</p>

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



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