



Inspection Report

Name of Service: The Docks Residential Care Home

Provider: Healthcare Ireland (No. 4) Limited

Date of Inspection: 7 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:	Healthcare Ireland (No. 4) Limited
Responsible Individual:	Ms Amanda Mitchell
Registered Manager:	Mrs Amanda Lacey – not registered
Service Profile:	
<p>This home is a registered Residential Care Home which provides health and social care for up to 16 residents. The home provides care for residents who require general residential care.</p> <p>Residents bedrooms are located on the ground floor and residents have access to a communal lounge and dining room.</p>	

2.0 Inspection summary

An unannounced care inspection took place on 7 May 2025, from 10.00 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 4 June 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 four areas for improvement from the previous care inspection on 4 June 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.

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 very genuine", "the activities are great" and "the staff are super".

Some comments shared by residents regarding the quality of food in the home were discussed with management. Assurances were provided that this was addressed and under review.

One relative spoken with confirmed 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.

Four 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 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.

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 member responsible for providing activities in the home.

Observation of the planned activity, which was baking, 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 skin care. For example; two residents who had District Nurse involvement for skin conditions had no risk assessments in place to manage the identified risk. An area for improvement has been stated for a second time.

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.

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. For example, bedroom carpets that were stained and required a deeper clean or replacement and damage to paintwork in bedrooms and communal areas. This was discussed with the management team who confirmed that the refurbishment plan is ongoing and these areas have been identified. RQIA are satisfied that this plan is being continuously monitored by management in the home and kept under regular review.

Two fridges and a microwave in the dining area were not clean and could have potentially posed a food hygiene risk. An area for improvement has been identified.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Mrs Amanda Lacey has been the Manager in this home since March 2025.

Residents and staff commented positively about the manager and described her as supportive and approachable.

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	0	2*

* 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 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 Minimum Standards (Version 1.2 December 2022)	
<p>Area for improvement 1</p> <p>Ref: Standard 6</p> <p>Stated: Second time</p> <p>To be completed by: 30 June 2025</p>	<p>The Registered Person shall ensure that individual risk assessments for the identified residents are reflective of individual assessed need and kept under review in order to inform the care planning process.</p> <p>Ref: 2.0 & 3.3.3</p> <p>Response by registered person detailing the actions taken: All residents now have skin risk assessments in place which are reviewed monthly or more frequently if there are any issues. Care plans have been updated to reflect the outcome of the skin risk assessment along with any required action.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 27.7</p> <p>Stated: First time</p> <p>To be completed by: 7 May 2025</p>	<p>The Registered Person shall ensure that the microwave and fridges in the dining area are kept clean at all times and records are maintained.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: Microwave and fridges are now being checked and cleaned daily by the kitchen assistants. A form is in place to record this and the Registered Manager checks that these cleans are being completed. Regional Manager checks as part of her monitoring visit.</p>

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The Regulation and
Quality Improvement
Authority

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James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews