

# Inspection Report

**Name of Service:** Springhill Residential Care Services

**Provider:** Healthcare Ireland (Belfast) Limited

**Date of Inspection:** 1 September 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/Registered Provider:</b>	Healthcare Ireland (Belfast) Limited
<b>Responsible Individual:</b>	Ms Amanda Mitchell
<b>Registered Manager:</b>	Mrs Michelle Newe
<p><b>Service Profile –</b>  This home is a registered residential care home which provides health and social care for up to 33 residents living with dementia. The home is divided into three floors with residents' bedrooms located on the ground floor. There is also a registered nursing home under the same roof and the manager for this home manages both services.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 1 September 2025, from 10.00am and 6.00pm 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 pharmacy inspection on 10 April 2025; 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 established 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 we found care 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 were assessed as having been addressed by the provider. Two areas for improvement have been stated again. 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 spoke positively about life in the home. Comments included, "I am very happy with the care in the home," and, "The care is excellent." Residents who were less well able to share their views were observed to be at ease in the company of staff and to be content in their surroundings.

One resident told us, "The staff are attentive and the food is good. I have no concerns." Another resident said, "The room is kept clean and tidy."

Residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

One relative commented, "The care is excellent, communication with the home is very good."

There was evidence of residents' meetings, which provided an opportunity for them to comment on aspects of the running of the home. For example, planning activities and menu choices.

Residents told us that staff offered them choices throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

No completed responses to the resident or relative questionnaires, or responses to the staff survey 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.

More recent staff meetings were held jointly, with staff from the Nursing Home. These meetings need to be held separately for each registration. An area for improvement was identified.

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.

#### **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.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Staff were also observed offering resident 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.

Where a resident was at risk of falling, measures to reduce this risk were put in place.

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

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.

The dining experience was an opportunity for residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. Residents were enjoying their meal and their dining experience. It was observed that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

Some residents were dancing, and were involved in a sing-a-long with staff in the lounge of the home in the morning.

Arrangements were in place to meet residents' social, religious and spiritual needs within the home.

Residents' needs were met through a range of individual and group activities such as musical activities, games, reading and religious services.

### 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.

Residents care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed. Review of one care plan highlighted it lacked specific detail around the management of diabetes. Some resident's bedrooms were kept locked during the day, but the rationale for this was not recorded in the residents care plan. An area for improvement was 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, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Some bed lined in identified resident bedrooms was soiled. This was brought to the person in charges attention and replaced with clean linen. An area for improvement was stated for a second time.

A number of lights were not working in corridors throughout the home. Some ceilings in identified bedrooms had visible staining, and required to be repainted. In another two bedrooms, the wardrobes were not attached to the walls. In an identified suite, the floor covering was lifting. An area for improvement was identified.

Bathroom cabinets throughout the home were corroded in places, and required to be replaced. An area for improvement was identified.

The satellite kitchen door lock was faulty, and a corridor toilet did not have a lock fitted. This was discussed with the manager, and both these issues were addressed on the day of inspection.

The colour schemes used to identify bedroom doors in the home were inconsistent. It was discussed with the manager the need for dementia audit to be completed in terms of the use of colour and signage to help orientate residents. An area for improvement was identified.

Review of records and discussion with the manager confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home's was safe to live in, work in and visit. For example, fire safety checks, resident call system checks, electrical installation checks and water temperature checks.

There was a strong odour in one of the sluice rooms, and in an identified bedroom. An area for improvement was stated for a second time.

It was not clear from the latest Fire Risk Assessment (FRA) of the 23 September 2024, if all the required actions had been completed. The manager confirmed via email on the 4 September 2025 that these actions were all addressed.

There was evidence 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.

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

There has been no change in the management of the home since the last inspection. Mrs Michelle Newe has been the registered manager in this home since 15 March 2022.

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

It was clear from the records examined that the manager had processes in place to monitor the quality of care and other services provided to residents.

Residents and a relative spoken with said that they knew how to report any concerns or complaints and said they were confident that the manager would address these.

## **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.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of Areas for Improvement</b>	1*	6*

\* The total number of areas for improvement includes two that have been stated for a second time

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Michelle Newe, Registered 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>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 18 (2) (c) (e)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 1 September 2025</p>	<p>The registered person shall ensure clean bedding is used at all times suitable to the needs of residents. Arrangements must be in place for the regular laundering of bed linen.</p> <p>Ref: 2.0 &amp; 3.3.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> The Registered Manager conducted meetings with the care and domestic teams in October during which, expectations with regards to the management of bed linen was addressed. Supervision has been completed with both the care and domestic team addressing home procedures and expectations in relation to bed linen. The Head Housekeeper maintains documentation for stock control which is submitted to the Registered Manager weekly for review. Staff are allocated to complete bed linen checks daily. The Registered Manager completes spot checks during daily walk rounds. Compliance is further reviewed by the Regional Manager during Regulation 29 visits.</p>
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 27.1</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 1 September 2025</p>	<p>The registered person shall ensure that the environment in the home is kept clean and hygienic at all times.</p> <p>Ref: 2.0 &amp; 3.3.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Estates has been contacted regarding the unused sluice room and a Variation for change of use application will be considered/submitted where appropriate. Supervision has been completed with both the care and domestic teams regarding identifying any odours within the home environment and escalating any concerns. Infection control audits continue to be completed monthly, with action plans being formulated as required and issues addressed within the specified timeframe for completion. Spot checks are completed during the Registered Managers walk round and by the Regional Manager during Regulation 29 visits. Any deficits identified will be addressed at the time.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 22</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 October 2025</p>	<p>The registered person shall ensure that separate records are kept for Springhill Residential Care Services and Cairnmartin Court Care Home. This is stated in relation to staff meetings.</p> <p>Ref: 3.3.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> As discussed on the day of inspection, any team meetings that had held since last inspection were completed by the covering Manager. This is not the current Registered Managers practice. Meetings will be held separately for services and departments every quarter and records maintained in a separate file for each registration.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 6.6</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 care plans are kept up to date and reflects residents' current needs. This is stated in relation to:</p> <ul style="list-style-type: none"> <li>• The management of diabetes.</li> <li>• If a resident's bedroom is locked during the day that the rationale for this is recorded in the care plan.</li> </ul> <p>Ref 3.3.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Care plans have been reviewed and updated for residents with diabetes indicating actions to be taken for residents in reponse to a hypo/hyperglycaemic episode. Care plans are personalised and reviewed monthly. Restrictive practice care plans were updated on the day of inspection and are fully reflective of whether a resident chooses to lock their doors during the day. Care plan audits are completed monthly and any actions identified are included within the action plan.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 27</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 2 November 2025</p>	<p>The registered person shall ensure the followings areas in the environment are addressed:</p> <ul style="list-style-type: none"> <li>• The ceiling lights in the corridors are repaired.</li> <li>• The stained ceilings in the identified bedrooms are repainted.</li> <li>• The wardrobes in the identified bedrooms are fixed to the wall.</li> <li>• The floor covering in the identified bedroom is repaired or replaced.</li> </ul> <p>Ref 3.3.4</p>

	<p><b>Response by registered person detailing the actions taken:</b>  The ceiling lights identified as not working were fixed on 02/09/25. Both ceilings in identified bedrooms were repainted in September 2025. The Registered Manager will continue to spot check conditions of ceilings during walk rounds and document any actions on the homes refurbishment plan.  Wardrobes in the identified bedrooms have now been fixed to the walls.  The floor covering for the identified bedroom ensuite has been escalated to estates for repair and works have been assigned to be completed and order for flooring placed.  Spot checks are completed during the Registered Managers walk round and by the Regional Manager during Regulation 29 visits. Any deficits identified will be addressed, and the homes refurbishment plan updated.</p>
<p><b>Area for improvement 5</b>   <b>Ref:</b> Standard 27   <b>Stated:</b> First time   <b>To be completed by:</b>  2 November 2025</p>	<p>The registered person shall ensure that the identified bathroom cabinets in the home are replaced.   Ref 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b>  Replacement bathroom cabinets were ordered and have been delivered for all ensuites. Work is underway to replace these and this will be completed within the specified timeframe.</p>
<p><b>Area for improvement 6</b>   <b>Ref:</b> Standard 27   <b>Stated:</b> First time   <b>To be completed by:</b>  01 December 2025</p>	<p>The registered person shall ensure that a dementia audit of the environment is completed, to make the environment supportive of residents living with dementia. This is stated in relation to the colour schemes used to identify rooms.   Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b>  The Registered Manager will ensure a dementia audit is completed within the specified timeframe and ensure any deficit/actions identified are addressed for the home.  The Regional Manager will review progress of actions during Regulation 29 visits.</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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