

Inspection Report

Name of Service:	Holmes Court
Provider:	Healthcare Ireland (Belfast) Limited
Date of Inspection:	29 July 2025

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

1.0 Service information

Organisation/Registered Provider:	Healthcare Ireland (Belfast) Limited
Responsible Individual:	Ms Andrea Louise Campbell
Registered Manager:	Mr Ben Rayot – not registered
Service Profile –	
<p>This home is a registered residential care home, which provides health and social care for up to 21 residents living with a learning disability. The home is over one floor, and has three units, Causeway, Glenariff and Slemish. There is a range of communal areas throughout the home and residents have access to an enclosed garden.</p>	

2.0 Inspection summary

An unannounced inspection took place on 29 July 2025 between 10.15 am and 6.30 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 medicine management inspection on 9 January 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 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 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 six areas for improvement were assessed as having been addressed by the provider. Four areas for improvement have been stated again, and two will be reviewed at the next 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 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 unable to clearly verbally express their thoughts appeared relaxed and indicated through body language or non-verbal communication, such as smiling or giving the thumbs up. 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 kind, the food is good and I get to go to church on Sunday."

It was observed that staff offered residents 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.

A relative spoke of issues with communication and with staff continuity within the home. This was referred back to the manager for his action.

Two visiting professionals spoke highly on the quality of care provided in the home.

No completed questionnaires from residents or relatives 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.

Staff meetings reviewed did not have signatures of staff attending or an agenda. This was discussed with the manager and will be reviewed at a subsequent inspection.

Review of staff training records indicated not all staff had attended safeguarding, first aid and fire training. An area for improvement was identified.

Staff said there was good teamwork and that they felt well supported in their role and that they were satisfied with the staffing levels.

Review of staff records highlighted that not all staff supervision and appraisals were up to date. 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 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. 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.

Review of falls and head injury management within the home, and in discussion with the manager, highlighted that post incident observations were not being recorded on a structured tool for head injuries. The manager was signposted to the Public Health Agency (PHA), post falls guidance document (June 2025), for guidance on good practice. An area for improvement was identified.

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. It was observed that 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.

The importance of engaging with residents was well understood by the manager and staff. 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 arts and crafts, musical activities and outings.

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. Review of one identified care plan highlighted that the care plan lacked specific detail about the management of diabetes. Care plans reviewed did not make reference to the impact of a keypad door, in relation to Deprivation of Liberty Safeguards (DoLS). Care plans were not signed by the residents or their representatives. Two areas for improvement were 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 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 warm and comfortable.

A number of empty bedrooms in the home were not furnished appropriately in line with Residential Care Homes Minimum Standards (Dec 2022). Identified bedrooms were missing beds, chairs, wardrobes and chests of drawers. An area for improvement was identified.

In an identified bedroom, a wardrobe was not attached to the wall. 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 was safe to live in, work in and visit. A number of fire doors in the home did not self-close, and not all staff had taken part in a fire drill in the home. Two areas for improvement were stated for a second time.

There was damage to walls and bedroom furniture in identified bedrooms in the home. An area for improvement was identified.

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. Mr Ben Rayot has been the manager in this home since 18 October 2024. Mr Rayot has applied to register with RQIA as manager.

Staff commented positively about the manager and described him 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.

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*	10*

* The total number of areas for improvement includes four that have been stated for a second time and two which are carried over for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Ben Rayot, 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 Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (9 January 2025)</p>	<p>The registered person shall ensure that an accurate record of each medicine received is maintained to facilitate a clear audit trail.</p> <p>Ref: 2.0</p>
	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.
<p>Area for improvement 2</p> <p>Ref: Regulation 27</p> <p>Stated: Second time</p> <p>To be completed by: 29 July 2025</p>	<p>The registered person shall review all fire doors in the home, and ensure they all function as required.</p> <p>Ref: 2.0 & 3.3.4</p>
	<p>Response by registered person detailing the actions taken: Compliance with fire doors are reviewed daily during manager walkarounds. Any issues with the functioning of fire doors are escalated without delay to the estates team for actioning. Compliance in this area is reviewed as part of the service improvement plan which has been introduced to strengthen governance within the home.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
<p>Area for improvement 1</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (9 January 2025)</p>	<p>The registered person shall ensure that handwritten medication records/entries are verified by two members of staff according to the expected procedure.</p> <p>Ref: 2.0</p>
	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.
<p>Area for improvement 2</p> <p>Ref: Standard 6</p> <p>Stated: Second time</p> <p>To be completed by: 1 August 2025</p>	<p>The registered person shall ensure that each resident has an individual and up to date care plan. This is stated in relation to:</p> <ul style="list-style-type: none"> • Care plans for one to one supervision should contain sufficient detail on the specific supervision arrangements to guide staff. • The management of diabetes. • The impact of a locked keypad on DOL safeguards.

	Ref: 2.0 & 3.3.3
<p>Area for improvement 3</p> <p>Ref: Standard 6.3</p> <p>Stated: Second time</p> <p>To be completed by: 1 August 2025</p>	<p>Response by registered person detailing the actions taken: All care plans are being reviewed to ensure there is sufficient detail pertaining to one to one supervisions, management of diabetes and the impact of a locked keypad on DOL safeguards. RM will oversee progress and compliance in this area during monthly governance tasks and weekly review of the service improvement plan.</p> <p>The registered person shall ensure that the resident or their representative sign the care plan, along with the member of staff responsible for drawing it up.</p> <p>Ref: 2.0 & 3.3.3</p> <p>Response by registered person detailing the actions taken: RM will ensure all care plans are signed by the residents or their representative, along with the member of staff responsible for drawing this up. Any refusals to sign the documents are recorded accordingly.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 29.6</p> <p>Stated: Second time</p> <p>To be completed by: 1 August 2025</p>	<p>The registered person shall ensure that all staff participate in a fire drill at least once a year.</p> <p>Ref: 2.0 & 3.3.4</p> <p>Response by registered person detailing the actions taken: Progress is ongoing to ensure 100% of staff have participated in annual fire drills. Matrix is in place to evidence this area of practice.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 1 October 2025</p>	<p>The registered person shall ensure that staff training is up to date. This is stated in relation to safeguarding, first aid and fire training.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: RM has a plan in place to ensure 100% in the delivery of adult safeguarding, first aid and fire safety training. This is reviewed during quality monitoring visits and as part of the service improvement plan.</p>

<p>Area for improvement 6</p> <p>Ref: Standard 24</p> <p>Stated: First time</p> <p>To be completed by: 1 October 2025</p>	<p>The registered person shall ensure that staff supervision and appraisals are up to date.</p> <p>Ref: 3.3.1</p> <hr/> <p>Response by registered person detailing the actions taken: RM has a plan in place to ensure any outstanding supervisions and appraisals are completed by the end of October 2025. This will be reviewed during service improvement plan review and quality monitoring visits.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 21</p> <p>Stated: First time</p> <p>To be completed by: 1 September 2025</p>	<p>The registered person shall review and update the home's head injury policy in accordance with best practice guidelines.</p> <p>Ref: 3.3.2</p> <hr/> <p>Response by registered person detailing the actions taken: Meeting to be arranged with Registered Manager, Regional Manager and Operations Director to review and update the head injury policy in accordance with best practice guidelines. Once completed, any updates will be reflected in care provision and documentation within the home.</p>
<p>Area for improvement 8</p> <p>Ref: Standard 27 (N25)</p> <p>Stated: First time</p> <p>To be completed by: 1 September 2025</p>	<p>The registered person shall ensure that residents' bedrooms are furnished appropriately. This is stated in relation to beds, chairs, wardrobes and chests of drawers in the identified bedrooms.</p> <p>Ref: 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: Daily environmental inspections are carried out by the manager during daily walkarounds. An inventory of any furniture which is required for the home has been recorded and shared with senior management to process as per internal policy and procedures. Any breakages/ damages to furniture are recorded in a timely manner and escalated to senior management without delay in an effort to ensure furniture is always in place as required.</p>
<p>Area for improvement 9</p> <p>Ref: Standard 27 (N26)</p> <p>Stated: First time</p> <p>To be completed by: 1 August 2025</p>	<p>The registered person shall ensure that the wardrobe in the identified bedroom is secured to the wall</p> <p>Ref: 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: This has been completed.</p>

<p>Area for improvement 10</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 1 August 2025</p>	<p>The registered person shall ensure that the walls and furniture in the identified bedrooms are maintained in a good state of repair</p> <p>Ref: 3.3.4</p>
	<p>Response by registered person detailing the actions taken: Further environmental assessments have been carried out and remedial work actioned to enhance robustness of walls and furniture in the identified bedrooms. Effectiveness in this area to be reviewed monthly by RM.</p>

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