The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Redford

Provider: Redford Residential Care Homes Limited

Date of Inspection: 7 October 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:	Redford Residential Care Homes Limited
Responsible Individual:	Mr John Wallace
Registered Manager:	Mrs Paula Douglas

Service Profile –
This home is a registered residential care home, which provides health and social care for up to 30 residents with a range of needs, including those over 65 years of age and for those residents living with dementia.

There are a range of communal areas throughout the home and residents have access to an outdoor garden space.

2.0 Inspection summary

An unannounced inspection took place on 7 October 2025, between 10.10 am and 4.50 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 7 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 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 four areas for improvement were assessed as having been addressed by the provider. One area for improvement has been stated again for review 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 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 spoken with said they enjoyed their time residing in the home. Some of the comments shared included, "the staff are all pleasant" and "the staff are all nice, I can ask for help." Another resident commented, "I love my wee room." Other comments from residents which required review and action were shared with the management team and assurances were provided to RQIA regarding the actions taken to address these concerns.

A relative who was visiting their loved one provided positive feedback about their relatives experience residing in the home and the care delivered.

Discussion with 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.

Residents told us that the staff offered choices to residents 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.

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 systems in place to manage staffing.

Residents said that there was enough staff on duty to help them. Staff said there was good teamwork and that they felt well supported in their role and that they were satisfied with the staffing levels.

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. Throughout the day discussions with staff confirmed that there was good communication across the team about changes in residents' needs.

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's 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 staff 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.

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. It was observed that residents were enjoying their meal and their dining experience. Prior to the mealtime staff had considered those residents who required a modified diet. 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. Staff understood that meaningful activity was not isolated to the planned social events or games.

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 bingo, board games, arts and crafts, hairdressing, one to one reading or listening to plays on the radio.

Residents were well informed of the activities planned for the week and of their opportunity to be involved and looked forward to attending the planned events. The weekly programme of social events was displayed on the noticeboard and shared with residents, families and staff advising of future events.

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 mostly person centred, regularly reviewed and updated to ensure they continued to meet the residents' needs. 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.

Review of repositioning records evidenced gaps in records which did not clearly reflect repositioning regimes were taking place within the timeframes outlined in care plans. An area for improvement was identified.

3.3.4 Quality and Management of Residents' Environment

The home was warm and welcoming; residents had access to a number of communal areas across the home. Resident's bedrooms were mostly clean, neat and tidy and personalised with items important to the resident.

It was positive to note that works to improve the homes environment had commenced. There was evidence of refurbishments having taken place to communal areas across the home. It was evident that some residents' bedrooms continued to appear tired and worn and repairs continued to be required in the laundry area; the details of this were shared with the management team. An updated action plan was submitted to RQIA with the projected timeframes for these works to be completed. This will be reviewed at a future inspection.

There was evidence that the outdoor garden area required attention to ensure this is safe and accessible for residents. This was discussed with the management team and the gardeners attended to commence works at the time of inspection.

The hot press area with access to a heated boiler was accessible at the time of the inspection. The details of this were shared with the management team and action was taken by the manager to address and secure this. An area for improvement was identified.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Paula Douglas has been the Registered Manager in this home since 14 October 2021.

Residents, relatives and staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the management team 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 by the home.

Residents who required pressure relieving mattresses had these in place; however, there was no system in place to routinely review these to ensure they are maintained at the appropriate setting. The details of this were shared with the management team and assurances were provided that a system would be put in place to ensure these are routinely reviewed. This will be reviewed at a future inspection.

A complaints log was kept for both formal and informal complaints; however, informal complaints were not always evidenced as recorded. A discussion took place with the management team to ensure there is evidence of all informal complaints and that these are maintained with evidence of actions taken. This will be reviewed at a future inspection.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. A review of these records highlighted that the views of relatives were not always clear and had not been consistently sought. The details of this were shared with the management team and 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	1	2*

* the total number of areas for improvement includes one standard that has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Paula Douglas, 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 Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 14 (2) (a) **Stated:** First time **To be completed by:** 7 October 2025	The Registered Person shall ensure that all parts of the home which residents have access are free from hazards to their safety. This is with specific reference to the hot press cupboard. Ref: 3.3.4 **Response by registered person detailing the actions taken:** Both hotpress cupboards are now locked at all times when not in use.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (version 1.1 Aug 2021)	
Area for improvement 1 **Ref:** Standard 18 **Stated:** First time **To be completed by:** From the date of inspection (5 September 2024)	The registered person shall review the management of medicines prescribed for use 'when required' for distressed reactions, to ensure that care records include sufficient detail and the reason and outcome of each administration is recorded. Ref: 2.0 **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.**
Area for improvement 2 **Ref:** Standard 8 **Stated:** First time **To be completed by:** 7 October 2025	The Registered Person shall ensure that repositioning records clearly reflect that repositioning is taking place within the timeframes directed in residents care plans. Ref: 3.3.3 **Response by registered person detailing the actions taken**: New template in place to demonstrate clearly each time repositioning is done, in line with the resident's care plan. Manager will have an on-going audit moving forward.

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

The Regulation and Quality Improvement Authority

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