

Inspection Report

Name of Service: Phoenix Clinic & Resource Centre

Provider: Phoenix Healthcare (N.I.) Ltd

Date of Inspection: 18 November 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:	Phoenix Healthcare (N.I.) Ltd
Responsible Individual:	Mrs Patricia McCartney – registration pending
Registered Manager:	Mrs Karen Lynda Conway
Service Profile: Phoenix Clinic & Resource Centre is a registered nursing home which provides nursing care for up to 36 patients under and over the age of 65 years, with a physical disability. All bedrooms are on the ground floor and patients have access to communal lounges, a dining room, an activity room and the garden.	

2.0 Inspection summary

An unannounced inspection took place on 18 November 2025 from 10 am to 6 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 12 December 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to patients 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 patients and that staff were knowledgeable and well trained to deliver safe and effective care.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

As a result of this inspection three areas for improvement were assessed as having been addressed by the provider. One area for improvement 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 patients, 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

Patients spoken with said that they were happy with the care provided. Patients described staff as, "friendly", "excellent", and "wonderful...they are like family."

Patients told us that their needs were met in a timely manner by staff. Two patients commented that staff were very good and that they noticed even if some staff were off due to sickness or unplanned leave, the remaining staff worked hard and were able to meet everyone's needs. Discussion with the manager and review of duty records evidenced that their own staff or agency staff generally covered vacant shifts.

Patients said that they could choose how they spent their time in the home and talked about joining in with projects or occupying themselves with interests and hobbies. Patients said that they were able to decorate or customise their bedrooms to their own taste.

Patients gave mixed feedback about the food provided in the home. This is discussed further in section 3.3.2 of this report.

No patient or relative questionnaires were received following the inspection.

Staff spoken with said that they were happy working in the home and that they were supported through training, resources, and management, to carry out their roles effectively.

No staff survey responses 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 patients. There was evidence of robust systems in place to manage staffing.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day. For example, patients were seen to move freely around the communal areas of the home and some patients occupied themselves in their bedrooms with reading or listening to music. Staff accommodated patients' preferences.

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 patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Staff were observed to be prompt in responding to patients' needs or requests for assistance. Staff were polite, warm, and professional in their interactions with patients and each other. Discussion with staff evidenced that staff knew the patients well.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

At times some patients 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 patients and to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records accurately reflected the patients' assessed needs. Record keeping relating to wound care is discussed in section 3.3.3 of this report.

Where a patient 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. For example, patients were referred to their GP, or for physiotherapy. Reporting of notifiable events to RQIA is discussed in section 3.3.5 of this report.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients 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 serving of lunch and discussion with staff evidenced that staff conducted a safety pause prior to mealtimes to ensure good communication and that patients received the correct meal and modifications where required. Staff were organised and well coordinated in their mealtime duties.

Patients gave mixed feedback about the provision of meals. Some patients said that the food was good and that they had no issues. One patient said that the home catered well for their specific needs and preferences around food.

A significant number of patients said that the food was okay some days but if they did not like the main choice, the alternative options were repetitive. Some patients said that they brought their own food in at times because they did not like what was on the menu. Review of records and discussion with staff confirmed that alternative meals were repetitive and not as nutritionally balanced as the main offering. For example, sandwiches or cheese on toast. An area for improvement was identified.

The importance of engaging with patients was well understood by the manager and staff. The home had a full time activities person employed and patients spoke positively about the activities and projects on offer.

During the inspection, some patients were seen to enjoy doing artwork. Patients told us that they were starting a book club and were preparing to make Christmas wreaths to decorate the home.

Staff understood that meaningful activity was not isolated to the planned social events or games. Patients told us about enjoying their own interests such as following sporting events, reading, listening to music, or chatting socially with staff and fellow patients.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

Wound care records were reviewed. Inconsistencies were found in the quality of the care records. The specific detail was discussed with the home manager. An area for improvement was identified.

Patient care files were held confidentially. However, it was found that there was no clear system in place for managing photographs taken for medical purposes. An area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment Control

The home was clean, tidy and well maintained. For example, patients' bedrooms were personalised with items important to the patient. Bedrooms were well decorated, suitably furnished, warm and comfortable. One patient told us that they recently had their bedroom decorated to their own taste.

Shortfalls were identified with the storage of linen. Stained and torn linen was found to be placed into a store designated for clean linen, and some clean linen was found to be stored directly on the floor of the storeroom. This is not in keeping with infection prevention and control standards. An area for improvement was identified.

A number of communal lounges were found to be used to store equipment and supplies. This meant that these rooms were not suitable for patient use. An area for improvement was identified.

Fire safety measures were in place. Fire doors were free from obstruction and fire-extinguishing equipment was accessible. The most recent fire risk assessment was completed on 4 November 2025. Staff were trained in fire safety and participated in fire drills, to ensure they knew what action to take in the event of a fire.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Karen Lynda Conway has been the manager in this home since 7 November 2012. Staff spoke positively about the manager and said they would report any concerns to her and would have confidence that she would respond appropriately.

Patients knew the manager by name and said that they could approach her at any time.

Review of a sample of records evidenced that systems 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 by the home.

Records pertaining to accidents and incidents that happened in the home were reviewed. While it was found that incidents were well managed within the home, some notifiable incidents were not reported to RQIA as required. An area for improvement was identified.

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	5*

* The total number of areas for improvement includes one which was carried forward for review at the next medicines management inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Karen Lynda Conway, 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 19 (5) Stated: First time To be completed by: 18 November 2025	<p>The registered person shall ensure that there is a robust system in place to manage patient photographs taken for medical purposes. The system must be in line with General Data Protection Regulation (GDPR) and the Data Protection Act (2018)</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: EACH RESIDENT NOW HAS A FILE ON COMPUTER TO STORE PICTURES OF WOUNDS ETC. THEY ARE DELETED FROM CAMERA AS SOON AS SENT TO FILE</p>
Area for improvement 2 Ref: Regulation 30 Stated: First time To be completed by: 18 November 2025	<p>The registered person shall ensure that notifiable events that occur in the home are reported to RQIA without delay. This is with specific reference to falls resulting in injury or requiring medical intervention.</p> <p>Ref: 3.3.5</p> <p>Response by registered person detailing the actions taken: ALL NOTIFIABLE EVENTS ARE SENT TO RQIA</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 18 Stated: First time To be completed by: Immediate and ongoing (30 April 2024)	<p>The registered person shall review the management of medicines prescribed for distressed reactions to ensure that a care plan is in place to direct staff and that the reason for and outcome of each administration is recorded.</p> <p>Ref: 2.0</p> <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>

<p>Area for improvement 2</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2026</p>	<p>The registered person shall review the choice of meals available to patients and ensure that alternative options are of equally nutritious value.</p> <p>Ref: 3.3.2</p> <hr/> <p>Response by registered person detailing the actions taken: A MEETING HAS BEEN SCHEDULED IN THE NEW YEAR WITH COOK MANAGER, NURSE MANAGER AND PROPRIETER TO SEE WHAT IMPROVEMENTS CAN BE MADE TO MENU CHOICES</p>
<p>Area for improvement 3</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 1 December 2025</p>	<p>The registered person shall review patient care records relating to wound care to ensure there are clear processes in place for the management of individual wounds.</p> <p>Ref: 3.3.3</p> <hr/> <p>Response by registered person detailing the actions taken: ALL NURSES NOW COMPLETING WOUND CARE CHARTS FOR EACH INDIVIDUAL WOUND AND COMPLETING IN DETAIL</p>
<p>Area for improvement 4</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 18 November 2025</p>	<p>The registered person shall ensure that linen in the home is stored appropriately and in line with environmental and infection prevention and control (IPC) standards.</p> <p>Ref: 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: CLEAN LINEN IS STORED APPROPRIATELY IN THE STORE AND STAFF KNOW TO ENSURE ITS KEPT TIDY SO CLEAN LINEN DOESN'T FALL ONTO FLOOR. ANY BADLY STAINED LINEN THAT CANNOT BE CLEANED HAS TO BE DISCARDED</p>
<p>Area for improvement 5</p> <p>Ref: Standard 44.3</p> <p>Stated: First time</p> <p>To be completed by: 24 November 2025</p>	<p>The registered person shall ensure that all rooms in the home are used for their registered purpose only.</p> <p>Ref: 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: THE POOL AREA HAS BEEN UTILIZED FOR STORAGE SO THAT THE LONGUES CAN BE USED APPROPRIATELY AND ARE FIT FOR PURPOSE</p>

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