

Inspection Report

Name of Service:	Burleigh Hill House Residential Home
Provider:	MD Healthcare Ltd
Date of Inspection:	29 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:	MD Healthcare Ltd
Responsible Individual:	Mrs Lesley Catherine Megarity
Registered Manager:	Mrs Emeliza Insauriga
Service Profile – This home is a registered residential care home which provides health and social care for up to 21 residents. Residents' bedrooms are located on the first floor. Residents have access to a communal dining room on the ground floor and communal lounges on both floors. The home is located within a nursing home and the Registered Manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 29 October 2025, from 9.35 am to 5.30pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; 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.

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 spoke positively about life in the home. Comments included, "The girls are great!" and, "The staff are attentive." 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 and the food is good. There is plenty of choice." Another resident said, "The girls are brilliant, there is excellent care, its home from home!"

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.

A relative commented on how, "The staff are fantastic, they are very attentive. The place is spotless and there is plenty of activities."

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.

One completed questionnaire from a resident had some comments that were passed back to the manager for her action.

Three completed questionnaires from relatives commented positively on the care provided in the home. Comments included, "The care given to my mother is second to none", and, "Great care, excellent staff, a friendly atmosphere, fantastic activities and lovely food."

No completed 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.

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.

Dispensed medication was found sitting on a table in the lounge. This was brought to the manager's attention and addressed. An area for improvement was identified.

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.

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 and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. It was clear 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. A number of residents were observed in the lounge enjoying a baking activity with 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 baking, bocchia, musical activities and arts and crafts

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 and updated. One care plan reviewed did not reflect recent weight loss of an identified resident. 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. The home was tastefully decorated for Halloween, and the manager discussed plans for Christmas period.

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.

Review of records and observations confirmed 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 Emeliza Insauriga has been the registered manager in this home since 23 January 2020.

Residents and staff 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 their relatives 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.

	Regulations	Standards
Total number of Areas for Improvement	0	2

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 (Dec 2022)	
Area for improvement 1 Ref: Standard 32 Stated: First time To be completed by: 29 October 2025	The Registered Person shall ensure that all medicines are safely and securely stored. Ref: 3.3.2
	Response by registered person detailing the actions taken: The medication incident identified on the day of inspection was an isolated occurrence and was addressed immediately by management of the home. The staff member involved received a supervision session to reinforce the importance of ensuring medication is not left unattended. The individual has an otherwise unblemished record, the incident was out of character and they expressed sincere remorse at the time. The inspector was satisfied with the actions taken and no further medication incidents were observed for the remainder of the inspection or at any point since. This area will continue to be closely monitored by the Home Manager and Deputy Manager to ensure ongoing compliance and safe practice.
Area for improvement 2 Ref: Standard 6.6 Stated: First time To be completed by: 29 October 2025	The Registered Person shall ensure that residents care plans contain sufficient detail to ensure care needs are met. This is stated in relation to the management of weight loss. Ref: 3.3.3
	Response by registered person detailing the actions taken: The one care plan record identified as not reflecting the resident's recent weight loss was rectified on the day of the inspection. Whilst the care plan had not been updated, there was other documentation available to evidence that staff had identified a small weight loss and were monitoring the resident as per guidelines. This area will be closely monitored by the Home Manager and Deputy Manager.

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Quality Improvement
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