The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Copelands

Provider: Belfast Central Mission

Date of Inspection: 26 January 2026

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:	Belfast Central Mission
Responsible Individual:	Ms Lois Payam
Registered Manager:	Mr Gareth Crawford – not registered
Service Profile – This home is a registered residential care home which provides health and social care for up to 50 residents. The home is divided into five units over two floors. Residents living with dementia reside in Windmill Lane and Lighthouse Mews. Bayside, Sandgrove and Harbour Way are for those residents who require general residential care. Resident's have access to communal dining and living areas, a coffee shop, cinema room, activity room and external gardens.	

2.0 Inspection summary

An unannounced inspection took place on 26 January 2026 from 9.20 am to 5.00 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 determine if the home is delivering safe, effective and compassionate care and if the service is well led.

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 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.

While we found care to be delivered in a compassionate manner, a number of areas for improvements were identified to ensure the effectiveness and oversight of certain aspects of care delivery, including; management of risk, management of infection prevention and control (IPC) practices and oversight of restrictive practices.

As a result of this inspection all previous areas for improvement were assessed as having been addressed by the provider. 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

Observations of residents found that they appeared content in their environment and in their interactions with staff. Residents were able to make their own choices and decisions, where possible. Residents spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Comments included: "It's not home but is next to home. The staff are very kind", "It is so friendly and everyone is free to do what they want. I enjoy the activities particularly the arts and crafts" and "I am happy here. The staff are kind and the food is good."

Staff were found to be knowledgeable of residents' needs and preferences and they were able to provide support and reassurance to residents, when required. Staff spoken with said that the care provided to residents was important to them and was of a good standard. Staff were observed to be very vigilant and attentive to residents.

Staff said that the manager was very approachable, that teamwork was good and that they were supported in their role. Staff comments included: "Management are very approachable" and "We have no staffing concerns. There has been a reduction in the use of agency staff."

We did not receive any questionnaire responses from residents or visitors or any responses from the staff online survey within the timescale specified.

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. Examination of recruitment processes identified this was managed centrally by their human resources team and a checklist was used by the manager to ensure appropriate pre-employment checks were completed. The manager agreed to review this system following feedback provided.

Staff said there was good teamwork and that they felt well supported in their role. Staff were always available and responded promptly to residents' needs. Staff knew what they were required to do each day in order to ensure they met the needs of the residents.

The staff duty rota reflected the staff working in the home on a daily basis and clearly identified the person in charge when the manager was not on duty. Observation of the delivery of care during the inspection evidenced that the levels and skill mix of staff on duty met residents' needs.

3.3.2 Quality of Life and Care Delivery

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Staff were also observed offering residents choice in how and where they spent their day.

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 interactions with residents were observed to be polite, friendly, warm and supportive and the atmosphere was calm and pleasant. Observations of the staff and resident's interactions found staff to be reassuring and compassionate.

Examination of records regarding the management of falls evidenced that these were consistently managed in keeping with best practice guidance. However, daily progress notes did not consistently comment on the status of the resident following an unwitnessed fall or head injury. This was discussed with the manager who provided assurances that they will meet with staff and ensure oversight over post fall evaluations of care. This will be reviewed at a future care inspection.

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. Staff were knowledgeable in relation to the residents' specific needs in relation to nutrition.

The importance of engaging with residents was well understood by the staff. Staff knew and understood residents' preferences and wishes and helped residents to participate in planned activities or to relax.

Activities for residents were provided which included both group and one to one activities. For those residents who preferred not to participate in the planned activity, staff were observed sitting with them, engaging in discussion, playing games or going for a walk. Residents also had opportunities to listen to music or watch television or engage in their own preferred activities. A very detailed monthly activity planner displayed highlighted events such as baking, cinema, pet therapy, songs of praise, arts and crafts, quizzes, keep fit and live music.

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. The details of care plans were shared with residents' relatives, if this was appropriate.

Management and use of restrictive practices such as bed sensors were reviewed. Examination of a selection of care records evidenced that risk assessments were not consistently completed and that best interest discussions were not always recorded. An area for improvement was identified.

Care staff recorded regular evaluations about the delivery of care.

It was noted that patient menu choice records were not managed or retained in keeping with legislative requirements and best practice guidance. An area for improvement was identified.

3.3.4 Quality and Management of Residents' Environment

The home was clean and tidy and well maintained internally. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were furnished to a very high standard, warm and comfortable.

Concerns about the management of risks to the health, safety and wellbeing of residents were identified. A domestic cleaning trolley was unsupervised allowing potential resident access to substances hazardous to health. A sharps box was also identified in an area of the home which was accessible to residents. This was discussed with staff who took immediate action. An area for improvement was identified.

Examination of records and discussion with staff evidenced deficits relating to legionella prevention controls. It was noted that infrequently used water outlets had not been managed appropriately. This was discussed with the manager and the aligned estates inspector following the inspection and assurances were received that appropriate measures were now in place. An area for improvement was identified.

All staff were in receipt of up-to-date training in fire safety. Fire safety records were appropriately maintained with up-to-date fire safety checks of the environment and fire safety drills. The manager confirmed that no corrective actions were outstanding from the most recent fire risk assessment.

There was evidence that robust systems and processes were not in place to manage IPC practices. Regular monitoring of the environment and staff practice to ensure compliance did not identify the absence of liquid soap and disposable hand towels in resident's ensuites. In addition, alcohol hand gels were not readily available throughout the home and personal protective equipment (PPE) was not fully available in the laundry. Observation of staff and their practices evidenced that basic IPC practices were not consistently adhered to. For example, all staff did not use PPE correctly or take opportunities for hand hygiene particularly after contact with residents and the residents' environment. Some staff were not bare below the elbow. Areas for improvement were identified.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Mr Gareth Crawford has been the manager in this home since 20 July 2025. It was positive to note that the manager was taking part in the 'My Home Life' leadership support programme, which is ran by the University of Ulster and commissioned by the Department of Health.

Staff spoke positively about the managerial arrangements in the home, saying there was good support and availability.

A review of the records of accidents and incidents which had occurred in the home found that these were generally managed correctly. However, further work was required in how incidents were recorded and analysed. The manager agreed to review their current systems.

There was a system in place to manage any complaints received. However, review of complaint's records evidenced shortfalls in how some complaints were recorded, particularly in relation to the nature of the complaint along with investigations and actions taken. This was discussed with the manager who agreed to complete any necessary documentation retrospectively.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home.

However, based on the inspection findings and a review of a sample of audits it was evident that improvements were required regarding the audit process to ensure it was effective in identifying shortfalls and driving the required improvements; particularly in relation to oversight of recruitment, IPC practices, incidents, falls, the fire risk assessment and complaints.

RQIA were satisfied that management understood their role and responsibilities in terms of oversight of aforementioned areas and needed a period of time to address this area of work. Given these assurances additional areas for improvement were not identified on this occasion. This will be reviewed at a future care inspection.

Staff told us that they would have no issue in raising any concerns regarding residents' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further.

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	3	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Gareth Crawford, Manager, and Mr Nigel Emery, Director of Operations, 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 19 (2) Schedule 4 (14) **Stated:** First time **To be completed by:** 26 January 2026	The registered person shall ensure that patient menu choice records are effectively maintained and are available for inspection at all times. Ref: 3.3.3
	Response by registered person detailing the actions taken: All staff have been made aware to ensure that the daily menu sheets are returned to the kitchen where a folder has been implemented to ensure these are maintained in accordance with the regulations.
Area for improvement 2 **Ref:** Regulation 14 (2) (a) (c) **Stated:** First time **To be completed by:** 26 January 2026	The registered person shall ensure that all areas of the home to which residents have access are free from hazards to their safety. Ref: 3.3.4
	Response by registered person detailing the actions taken: The sharps box accessible to residents on the day of inspection is placed in a store cupboard that is shared with the District Nursing team. The store was accessible to residents due to not being locked immediately after use (in line with home procedures). Signage is in place for doors to be locked after use. A communication was sent to the District Nursing team in addition to all Copelands staff team to ensure strict adherence of securing door after use in the interest of resident safety. Combination locks are on order for installation to the store doors within each household as an additional measure of securing doors on closure to maintain resident safety. The housekeeping team have been reminded regarding the importance of ensuring cleaning trolley is supervised at all times. Supervisions are underway where this will be discussed to maintain compliance by all staff members. This will be further discussed at staff meetings. The management team continues to complete spots checks of these practices as part of daily walkaround.

Area for improvement 3 **Ref**: Regulation 13 (7) **Stated:** First time **To be completed by:** 26 January 2026	The registered person shall ensure that a system is implemented to monitor staff knowledge and practice regarding hand hygiene and being bare below the elbow. Where deficits are identified during the monitoring system, an action place should be put in place to drive the necessary improvement. Ref: 3.3.4
	Response by registered person detailing the actions taken: Hand hygiene audits continue to be completed to enhance practices. The installation of hand soaps and towels in residents en-suites will further enhance these practices. A monthly infection control audit is in place and processes have been further reviewed by the management team to ensure the systems in place drive necessary improvement. All staff are assigned infection prevention control training to enhance knowledge and practices within the home. These practices will be further explored in team meetings and supervisions. Spot checks as part of daily walk arounds will continue to be completed by the management team.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 **Ref:** Standard 7.4 **Stated:** First time **To be completed by:** 26 January 2026	The registered person shall ensure that risk assessments are completed prior to the use of any restrictive practices. Completed consent/best interest discussion forms should be maintained within residents care records. Ref: 3.3.4
	Response by registered person detailing the actions taken: A new robust monthly restraint audit has been implemented to strengthen governance and oversight of ensuring best interest discussions with NOK's/Named Workers are detailed within residents records. The management team have further consulted residents where applicable, their NOK and Named Workers to ensure all restrictive practices, primarily; bed, chair, door sensors and/or prescribed medications in place remain appropriate and proportionate in managing residents needs and risks.

Area for improvement 2 **Ref:** Standard 27.9 **Stated:** First time **To be completed by:** 26 January 2026	The registered person shall ensure that all infrequently used water outlets within the home are identified and flushed a minimum of twice weekly, in accordance with current best practice guidance (HSG274 Part 2, HSENI). Suitable records should be maintained and be available within the home for inspection. Ref: 3.3.4
	Response by registered person detailing the actions taken: All infrequently used water outlets within the home have been identified and a minimum of twice weekly flushes have been commenced for these outlets with the support of the Estates and Housekeeping Team. A select number of water samples were obtained from infrequently used water outlets as an additional safeguard measure and to confirm compliance. All samples obtained were clear.
Area for improvement 3 **Ref:** Standard 35.7 **Stated:** First time **To be completed by:** 26 January 2026	The registered person shall ensure that there are supplies of liquid soap and disposable towels in resident ensuites. Alcohol hand gels should be readily available throughout the home to promote high standards of hand hygiene among residents, staff and visitors. Ref: 3.3.4
	Response by registered person detailing the actions taken: Soap dispensers have arrived for installation and disposable hand towel dispensers are on order and once received will be installed into residents en-suites. All staff have been supplied with their own personal hand gels and are to ensure they maintain these on their person at all times when on shift. Hand sanitiser dispensers are installed throughout the home where visitors are encouraged to avail of these to promote good hand hygiene.

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