The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Ralphs Close

Provider: Western Health and Social Care Trust

Date of Inspection: 12 March 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:	Western Health and Social Care Trust
Responsible Individual:	Mr Neil Guckian
Registered Manager:	Mrs Roisin McDermott

Service Profile
This home is a registered residential care home which provides health and social care for up to 16 residents who are living with a learning disability. The home is divided into 4 separate houses with residents being accommodated in individual rooms with ensuite facilities.

Residents have access to communal areas and an enclosed garden area.

2.0 Inspection summary

An unannounced inspection took place on 12 March 2026 from 10.00am 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 assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 5 March 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff reported that there was good teamwork in the home and all staff understood their roles and responsibilities. Staff were found to be knowledgeable in relation to the specific needs of the residents.

As a result of this inspection the one area for improvement was assessed as having been addressed by the provider. Two areas for improvement will be reviewed at the next inspection. Full details, including two 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.

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

Some residents may have difficulty telling us about their experiences. Residents who had communication difficulties looked relaxed in their environment and during interactions with staff. Residents were able to move around freely and staff understood what residents were trying to communicate.

Staff spoke positively in terms of the provision of care and advised that there was good care provided in this home. Staff told us that the needs of the residents were very important to them and the care was resident focused.

Some staff raised concerns about the staffing levels and staff morale. This was shared with the manager for follow up.

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.

The staff duty rota accurately reflected the staff working in the home on a daily basis. Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty. It was noted that staff responded to requests for assistance promptly in a caring and compassionate manner.

Staff said there was good teamwork and that everyone had a clear understanding of their roles and responsibilities. Some staff raised concerns about the impact of short notice sick leave as this can affect the daily staffing arrangements. This was shared with the manager for follow up.

There was a system in place to monitor that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

3.3.2 Quality of Life and Care Delivery

Residents looked well cared for and were seen to enjoy friendly interactions with the staff. Staff were observed to be chatty and polite to the residents at all times. While some residents may experience communication difficulties these residents were able to make their wishes known to staff who understood them and respected their choices for example; engaging in an activity or not.

All care staff received a handover at the commencement of their shift. Staff confirmed that the handover included the important information about the residents, especially changes to care, that they needed to assist them in their caring roles.

Staff were knowledgeable of individual specific resident's needs, their daily routine, wishes and preferences and the importance of these. Observations of the staff and residents interactions during the day found staff to be responsive, kind and compassionate.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress, including those residents who had difficulty in making their wishes or feelings known. This was particularly evident when staff provided reassurance to a resident who was unsettled.

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. For example, residents were referred to their GP if required.

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.

Observation of the serving of the lunchtime meal confirmed that enough staff were present to support and assist residents with their meal and that the food served appeared appetising and nutritious. The atmosphere was calm and organised. There was a variety of drinks available. It was observed that residents were enjoying their meal and their dining experience.

An effective system was in place to identify which meal was for each individual resident. Residents wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Staff were found to be very knowledgeable in regards to residents' meal preferences and dislikes.

The importance of engaging with residents was well understood by the manager and staff. There was a range of activities provided for residents staff. The programme of social events was displayed on noticeboards advising of future events. The range of activities included social, community, cultural, religious, spiritual and creative events.

Staff had shared that they were supporting the residents to prepare for Mothers Day which included hosting a brunch. There was evidence throughout the home of activities completed by the residents. Staff talked with enthusiasm about some of the trips completed with the residents and future trips/events planned.

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.

Overall care records were very person centred, regularly reviewed and updated to ensure they continued to meet the residents' needs. However with regards to the management of modified diets, the care records were not always reflective of professional recommendations and contained incorrect information. Furthermore care plans were not consistently reviewed following an episode of choking.

Review of another care record identified that a care plan for a resident in relation to deprivation of liberty required to be updated as this was no longer in place. These matters were identified as an area for improvement.

Care staff recorded regular evaluations about the delivery of care.

3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and well maintained. Residents' bedrooms were tastefully personalised with items important to the resident and it was clear that this was important to the staff.

Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. The corridors displayed photos of activities completed by the residents.

Concerns were identified in regard to the management of risks to residents. Staff areas were observed to be unsecured and there was access to staff handbags, staff items of food and drink and cleaning products. These items are potential risks to residents if accidentally ingested particularly for those who require a modified diet. This was identified as an area for improvement.

The flooring throughout the home is significantly marked. This was discussed with the manager and staff who confirmed this is already planned for replacement.

Systems and processes were in place to manage infection prevention and control which included regular monitoring of the environment and staff practice to ensure compliance and light music played in the background.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Roisin McDermott is the registered manager of the home.

Staff commented that they could raise their concerns with the deputy manager or the registered manager.

Review of a sample of records evidenced that a system 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 in the home.

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	2*

* the total number of areas for improvement includes two areas which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Roisin McDermott, Registered 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 16 (1) **Stated:** First time **To be completed by:** 31 March 2026	The Registered Person shall ensure that care plans are reflective of the residents needs and include any recommendations made by professionals. Care plans should also be regularly reviewed. This related specifically to the management of modified diets and Deprivation of Liberty. Ref: 3.3.3
	Response by registered person detailing the actions taken: All 16 care plans have undergone an audit to confirm that they meet residents' needs and incorporate all professional recommendations. Management has specifically focused on ensuring that all information regarding modified diets aligns with the advice provided by SALT colleagues, as documented in the REDs reports, which are available for each resident in their dining room and signed by SALT. Additionally, the manager has verified that Safety Briefs accurately reflect the REDs report and are updated promptly following any changes to modified diets as directed by SALT. Management has also guaranteed that care plans are updated promptly in response to any changes in Deprivation of Liberty. For easy access, a dedicated file containing all information related to DOLs is maintained separately in the Deputy Manager's Office.
Area for improvement 2 **Ref:** Regulation 14 (2) (a) (c) **Stated:** First time **To be completed by:** 13 March 2026	The Registered Person shall ensure as far as reasonably practical that all parts of the home to which residents have access are free from hazards to their safety. This is in specific reference to access to staff areas containing staff handbags, cleaning products and food and fluids. Ref: 3.3.4
	Response by registered person detailing the actions taken: Staff will keep the staff room doors locked when not in use to ensure that all areas of the home accessible to residents are safe and free from hazards. This practice is monitored daily during the Management Daily Environmental Audit and throughout the day by the Band 5 Senior Support Worker assigned to each house. Additionally, management has requested that the landlord install keypads on the staff room doors. This measure will ensure that

	the doors remain locked, with access granted only to those who have been provided with the entry code. This plan has been approved, and the work is scheduled to be completed by mid-July 2026.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for Improvement 1 **Ref:** Standard 15.5 **Stated:** Second time **To be completed by:** 28 May 2022	The registered person shall ensure that records of residents' furniture and personal possessions are signed and dated by the staff member undertaking the reconciliation and countersigned by a senior member of staff on at least a quarterly basis. 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 31 **Stated:** First time **To be completed by:** 8 July 2024	The registered person shall review the management of medicines for distressed reactions to ensure the reason for 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.

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

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel: 028 9536 1111

Email: info@rqia.org.uk

Web: www.rqia.org.uk

Twitter: @RQIANews