The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Northwick House

Provider: Northwick House

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:	Northwick House
Responsible Person(s):	Mrs Dorothy Elizabeth Hannah Johnston Mrs Carole Helena Johnston
Registered Manager:	Mrs Carole Helena Johnston
Service Profile: This home is a registered residential care home, which provides health and social care for up to 15 residents. Accommodation is over two floors, with shared communal lounge areas and a dining room on the ground floor.	

2.0 Inspection summary

An unannounced inspection took place on 12 March 2026, from 9.30am to 2.40pm. The inspection was conducted 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 three areas for improvement identified by RQIA, during the last care inspection on 26 February 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led. The one area of improvement from the medicines management inspection on 9 September 2025 was not reviewed on this occasion.

The three previous areas of improvement from the care inspection were met.

It was evident that staff promoted the dignity and well-being of residents.

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Residents spoke in complimentary terms about the provision of care and the kindness and support received from staff.

Four new areas of improvement were identified during this inspection. These were in respect of hot surfaces, fire safety, environmental upkeep and infection prevention and control.

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 said that they were very happy in the home and well cared for. They said that staff were kind and caring and they enjoyed the meals. Three residents made the following comments; "It's powerful good here in every way. They (the staff) are very good"; "It is excellent. I am very happy and cared for." and "Everything is very good here. The food is very good too."

Three visiting relatives voiced praise and gratitude for the care provided and the kindness and attentiveness of staff.

Staff spoke positively about the provision of care, workload, teamwork and managerial support. Said also said there was a nice atmosphere in the home and they would have no hesitation raising concerns with management, as necessary.

There were no returned resident / representative questionnaires returned on time for inclusion to this report.

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. Two residents said; “You won’t find anything wrong here. This is one of the best homes. No complaints.” and “I know them (the staff) well here. They (the staff) are all very good and very kind.”

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 observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

An effective system was in place to manage the registration of staff with the Northern Ireland Social Care Council (NISCC).

3.3.2 Quality of Life and Care Delivery

Staff had knowledge and understanding of each individual resident’s needs.

Staff were also observed offering residents in how and where they spent their day or how they wanted to engage socially with others.

Examination of care records and discussion with staff confirmed that the risk of falling and falls were managed and referrals were made to other healthcare professionals as needed. Staff had received falls management training.

The dinnertime meal was appetising, wholesome and nicely presented. Staff assistance was organised and unhurried. Throughout this inspection, residents commented positively on the provision of meals, including choice.

The genre of television channels and music played was in keeping with residents’ age group and tastes.

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.

3.3.3 Management of Care Records

Residents’ care records were maintained safely and securely to ensure confidentiality.

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.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents’ needs. Care staff recorded regular evaluations about the delivery of care.

The manager on a regular basis audited care records.

3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and fresh smelling throughout. Communal areas were suitably furnished and comfortable. Bedrooms were comfortable and personalised with many having a dated appearance but fit for purpose. Bathrooms and toilets were clean and hygienic.

Two chairs were torn and ineffective for cleaning in one of the lounges and the ceiling to the reception / stairwell corridor was in need of repair / redecoration.

Cleaning chemicals were stored safely and securely.

The home's most recent fire safety risk assessment was dated 20 November 2024. There were no recommendations made as a result of this assessment. The manager reported that this assessment is scheduled for review next week.

Fire safety training, safety drills and checks were maintained on an up-to-date basis.

Aids and appliances obstructed a fire safety exit on the first floor and inappropriate storage was in situ below the stairwell in the reception area of the home. An area of improvement was made.

A number of radiators were hot to touch and posed as a risk if a resident were to lie against it in the event of a fall. An area of improvement was made to risk assess all individual radiators and hot surfaces, in accordance with current safety guidance, with subsequent appropriate action.

The hand washing / cleansing facility to the reception area of the home was not operational. An area of improvement was made. Staff practices in respect of infection prevention and control were observed to be appropriately in place.

3.3.5 Quality of Management Systems

Mrs Carole Johnston is the registered manager of the home. Staff spoke positively about the managerial arrangements in the home, saying that they would readily feel comfortable about raising any issue of concern.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to the resident's next of kin and their aligned named worker, and as appropriate to RQIA.

The manager stated that she had an active presence with meeting residents, their families, and this help diffuse any issues of concern escalating to a complaint.

The home was visited each month by the responsible person to consult with residents, their relatives and staff and to examine all areas of the running of the home. These reports are available for review by residents, their representatives, the Trust and RQIA.

4.0 Quality Improvement Plan/Areas for Improvement

Four 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	3*

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

The areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Carole Johnston, 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 27(4)(I) and (iii) **Stated:** First time **To be completed by:** 13 March 2026	The Registered Person must ensure that all fire safety exits and free from obstruction and inappropriate storage is remove from the under the stairwell in the reception. Ref: 3.3.4
	Response by registered person detailing the actions taken: All fire exits are clear from storage.
Area for improvement 2 **Ref:** Regulation 27(2)(t) **Stated:** First time **To be completed by:** 12 April 2026	The Registered Person shall risk assess all individual radiators and hot surfaces, in accordance with current safety guidance, with subsequent appropriate action. Ref: 3.3.4
	Response by registered person detailing the actions taken: Risk assessment completed
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 **Ref:** Standard 31 **Stated:** First time	The registered person shall ensure that the receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug record book and that a second trained member of staff witnesses the preparation and administration.

To be completed by: Immediate and ongoing (9 September 2025)	Ref: 2.0
	Response by registered person detailing the actions taken: This practice was being carried out but on individual pages. A bound controlled record book is now in function.
Area for improvement 2 **Ref:** Standard 27 **Stated:** First time	The registered person shall address the two identified areas in the environment, namely the two chairs and the ceiling to the reception / stairwell corridor. Ref: 3.3.4
To be completed by: 12 April 2025	**Response by registered person detailing the actions taken:** A request for these repairs has been made to the appropriate people. Awaiting work to be completed. The chairs have been replaced with alternative ones in the interim period.
Area for improvement 3 **Ref:** Standard 35.7 **Stated:** First time	The registered person shall ensure that hand washing / cleansing facilities / aids are operational. Ref: 3.3.4
To be completed by: 13 March 2026	**Response by registered person detailing the actions taken:** All in working order.

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

The Regulation and Quality Improvement Authority

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