The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Rectory Field**

Provider: **Western HSC Trust**

Date of Inspection: **10 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 HSC Trust
Responsible Individual:	Mr Neil Guckian
Registered Manager:	Mr Martinog Bradley

Service Profile
This home is a registered residential care home which provides health and social care for up to 26 residents who have health care needs both over and under the age of 65 years.

Accommodation is provided on the ground floor level and all residents have their own individual bedrooms. Residents also have access to dining and communal areas. The focus of the care provided in this home is rehabilitation following a period in hospital.

2.0 Inspection summary

An unannounced inspection took place on 10 March 2026 from 9.45am to 3.30 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 inspection on 10 September 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

While we found care to be delivered in a compassionate manner, improvements were required in relation to the management of risk, the fire risk assessment and the need for audits of accidents and incidents.

Residents said that living in the home was a good experience. Residents were praising of the staff team and the level of support available to them. Residents praised the meal provision.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and trained to deliver effective care.

The home was found to be clean and well maintained.

As a result of this inspection one area for improvement was carried forward for review to the next inspection. Full details, including three 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 their experience of life in the home. Comments included: "I love it here and have done since I first came in here; they are so good to me. "This is a good place in here; we are all well cared for and feel very safe. There is plenty of staff about and they are always willing to help you." "I am very happy in here; it's a great place. The staff have been very kind and if I want anything all that I have to do, is ask."

Discussion with one relative confirmed that they were very happy with the care provided to their relative and verified that there was enough staff on duty each day.

Staff spoke positively in terms of the provision of care and advised that there was good team work in this home. Staff told us that the management team was supportive and available for advice and guidance.

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.

Staff said there was good teamwork, that they felt well supported in their role, and that they were satisfied with the staffing levels.

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

3.3.2 Quality of Life and Care Delivery

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

Staff interactions with residents were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual resident's needs, their daily routine, wishes and preferences.

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 assistance from staff and their diet modified.

Observation of the serving of the lunchtime meal confirmed that enough staff were present to support 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.

Residents talked about the range of individual and group activities available in the home such as bingo, board games, arts and crafts or hand massage and music activities. Residents also had opportunities to listen to music or watch television or engage in their own preferred activities such as knitting.

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.

Care records reflected the residents' needs, were well maintained, regularly reviewed and updated. 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

The home was clean, tidy and well maintained and the residents further reiterated this. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

A concern was identified in regard to the management of risks to residents. It was noted that residents had access to harmful cleaning chemicals and detergents. These items are potential risks to residents if accidentally ingested. This was identified as an area for improvement.

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.

Review of the fire safety risk assessment found this to be completed on 28 August 2025. However the action plan identified within this assessment had not been signed off, as actioned by the manager. This was identified as an area for improvement.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mr Martinog Bradley is the registered manager of the home.

Staff commented positively about the manager and described them as supportive, approachable and able to provide guidance.

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.

Discussion took place with the manager to implement an audit process to review accidents and incidents in the home so as to identify any trends or patterns. This was identified as an area for improvement.

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	1	3*

* the total number of areas for improvement includes one area which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Martinog Bradley, 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	
Ref: Regulation 14 (2) (a) (c) **Stated:** First time **To be completed by:** 11 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 the storage of cleaning products and harmful chemicals. Ref: 3.3.4
	Response by registered person detailing the actions taken: The sluice room, in which these are stored, has now had the door modified to require a key for access at all times.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 **Ref:** Standard 6 **Stated:** First time **To be completed by:** With immediate effect (14 May 2024)	The Registered Person shall review care plans relating to medicines management as detailed in this report. 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 29.1 **Stated:** First time **To be completed by:** 31 March 2026	The Registered Person shall ensure that any actions outlined in the Fire Safety Risk Assessment are signed off as actioned; by the registered manager. Ref: 3.3.4
	Response by registered person detailing the actions taken: All outstanding actions have been signed off by the responsible parties
Area for improvement 3 **Ref:** Standard 20.10 **Stated:** First time **To be completed by:** 10 April 2026	The Registered Person shall ensure that there is a system of auditing implemented in relation to accidents and incidents to identify any trends and patterns to drive improvement. Ref: 3.3.5
	Response by registered person detailing the actions taken: All incidents and accidents are recorded on the DATIX system and reviewed by risk management to identify trends and patterns. Internally a record is now kept to support the identification of patterns and to implement processes to mitigate these.

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

The Regulation and Quality Improvement Authority

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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