The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **The Roddens**

Provider: **Northern Health and Social Care Trust (NHSCT)**

Date of Inspection: **28 February 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:	Northern Health and Social Care Trust (NHSCT)
Responsible Individual:	Mrs Suzanne Pullins
Registered Manager:	Mr Philip Dawson
Service Profile – This home is a registered residential care home which provides health and social care for up to 29 residents with a range of needs. Residents are accommodated over two floors. All residents have access to communal lounges, bathrooms and a large dining room	

2.0 Inspection summary

An unannounced inspection took place on 28 February 2026, between 9.50 am and 5.20 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.

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 established 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 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. 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 staff are great and the food is brilliant!", and, "It couldn't be better here, there are fabulous staff!" 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, "It is absolutely fantastic here, the staff are attentive. I have never been in a place like it." Another resident said," I am very content, the care is exceptional, the manager is brilliant".

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 care is exceptional, the staff are attentive and the food is good."

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.

No completed responses to the resident or relative questionnaire or 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.

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 noted that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

Arrangements were in place to meet residents' social, religious and spiritual needs within the home. Residents were observed to be enjoying one another's company in the lounges. Residents' were also observed chatting and enjoying the company of staff throughout the day. There was a homely atmosphere.

Residents' needs were met through a range of individual and group activities such as chair exercises, bingo, religious services and musical activities.

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 to ensure they continued to meet the residents' needs. 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. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Review of records and 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 electrical installation checks and water temperature checks.

Some of the storerooms in the home had boxes and items sitting on the floor, preventing effective cleaning. This was discussed with the manager who agreed to address this.

Work had commenced on the renovation of an upstairs bathroom. The bathroom had been stripped out of its fittings. Exposed wires from the nurse call system were hanging outside the door of the bathroom. In an adjacent lounge the fire sensor on the ceiling had been covered by a glove, by contractors working in the bathroom. This was brought to the manager's attention, and an estates officer from the NHSCT was contacted, who came to the home, removed the glove off the fire sensor, and made the exposed wires safe. This work in the bathroom had commenced without approval from RQIA. Following the inspection, a variation application was received by RQIA for the renovation of the bathroom. An area for improvement was identified.

An upstairs lounge was being used to store wheelchairs, frames and occupational therapy equipment, and an area of the floor was screened off, preventing residents from being able to use the whole area as a lounge. An area for improvement was identified. Following inspection, RQIA received photographic evidence that this lounge was now clear of equipment and back to its registered purpose.

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. Mr Philip Dawson has been the manager in this home since November 2017.

Resident's and staff commented positively about the manager and described him 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 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.

	Regulations	Standards
Total number of Areas for Improvement	3	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Phillip Dawson, 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)(b) **Stated:** First time **To be completed by:** 28 February 2026	The Registered Person shall ensure that all fire equipment is maintained in a safe manner and functions as per manufacturer's specifications. This is stated in relation to the covering of the fire detector unit in the upstairs lounge. Ref: 3.3.4
	Response by registered person detailing the actions taken: All fire fighting equipment is maintained in a safe manner as per Fire safety Manual version 2 legislation and guidance, roles and responsibilities. Fire checks are carried out daily, weekly and audited 4 weekly, with an annual review. The fire detector unit in Sitting room 2 lounge had been covered by an outside contractor, who was working in the shower room just next to the sitting room. There had been a meeting between management, estates and contractors before commencing the work. It was agreed no cutting of materials could be done inside the unit, as this would activate the fire alarms. The detector was covered by the contractors on the Friday 27/02/2026 and they did not remove the glove when work was complete. There have been meetings between Estates/contractors to ensure this practice has been addressed and will not happen again.Staff will also be more vigilant when completing the daily fire checks and when work is being completed in the unit. On the day of the inspection 28/02/2026, the Manager contacted out of hours estates services and a supervisor from estates was present in the unit within 1 hour of the call and glove was safely removed from the detector.
Area for improvement 2 **Ref:** Regulation 32(1)(h) **Stated:** First time **To be completed by:** 28 March 2026	The Registered Person shall give notice in writing to the Regulation and Improvement Authority as soon as it is practicable to do so, where the premises of the home are significantly altered. This is stated in relation to the renovation of the identified bathroom. Ref: 3.3.4
	Response by registered person detailing the actions taken: Variation of change (PF022207) was submitted on 02/03/2026 for the removal of a bath and to change to a shower room, all other appliances i.e. toilet, sink remained in the same place. Shower room was completed on 20/03/2026 and photos were taken and sent to Gemma McDermott (RQIA) as requested on 24/03/2026. Clarification was sought from estates and contractors in relation to the following - 1) There were no changes to the Fixed wired

	installation minor alterations to the lighting circuit to move position of the switches - they will be issuing a Minor Works electrical certificate to cover this small alterations. With regards to the legionella risk assessment they re-used the old pipework feeding the bath to fit supply to the new shower. This means there is no changes required to the LRA, all other pipework was existing with the wash hand basin & toilet remaining in the same location - no alterations to this pipework was required. Maria Duffy (RQIA) approved the works in principle on 20/03/2026.
Area for improvement 3 **Ref:** Regulation 27(2)(l) **Stated:** First time **To be completed by:** 1 April 2026	The Registered Person shall ensure there is suitable storage provision in the home. This is stated in relation to an area of the upstairs lounge being used to store equipment. Ref: 3.3.4
	Response by registered person detailing the actions taken: This is in relation to sitting room 3 on corridor 3 first floor. Equipment (OT) has been moved to the Robinson Hospital therapeutic room and a number of zimmer frames moved to the OT/Physio store in the Armour Day Centre. Going forward the process will be that equipment which is no longer required will be given to the OT/Physio staff and they will transport to the regional store. No further equipment will be kept in The Roddens. The Hoist is now stored in the equipment store and all staff are aware of this. All this work was completed to remove equipment on 05/03/2026 and photos sent to RQIA for verification.

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

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