The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Copperfields

Provider: Edwards Enterprises NI Ltd

Date of Inspection: 24 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:	Edwards Enterprises NI Ltd
Responsible Individual:	William Henry Hume Edwards
Registered Manager:	Louise Donnelly – not registered
Service Profile – This home is a registered nursing home which provides nursing care for up to 32 patients. Accommodation is over two floors, with shared communal lounge and dining room on both floors.	

2.0 Inspection summary

An unannounced inspection took place on 24 February 2026, from 9.10am to 1.30pm. 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 two areas for improvement identified by RQIA, during the last care inspection on 29 September 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

One previous area of improvement was met. The other area of improvement was partially met in that falls management training had there were a number of staff yet to complete the training.

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

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

Four newareas of improvement were identified during this inspection. These were in respect of first aid training, the fire safety risk assessment, fire safety training and reporting of notifications.

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 homewas 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 thishome. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, 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

Patients said that they felt content and well cared for in the home. They said that staff were kind and caring and they enjoyed the meals.Two patients made the following comments; "It's just immaculate. I couldn't have asked for a better spot to come to." and "The care is very good and is the food."

One patient made a negative comment about the meals which the manager was aware of and had addressed. Advice was given in respect of documenting this in the record of complaints.

Those patients who were unable to articulate their views were seen to be comfortable and at ease in their environment and interactions with staff.

One visiting relative voiced praise and gratitude for the care provided and the kindness and attentiveness of staff.This relative said; "Everything is done right in the home and the staff are all very good."

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

3.3 Inspection findings

3.3.1 Staffing Arrangements

Observation of the delivery of care evidenced that patients' needs weremet by the number and skills of the staff on duty. There was enough staff in the home to respond to the needs of the patients in a timely way.It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. One patient said; "Everything is very good here. The staff are excellent. Never any problems."

Staff said there was good teamwork and that they felt well supported in their role and that there was good teamwork.The manager confirmed that they were addressing deficits in staff training, which included; first aid, fire safety and falls management. An area of improvement was made in this regard.

3.3.2Quality of Life and Care Delivery

Staff had knowledge and understanding of each individual patient's needs.

Staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. Staff were also observed offering patients choice 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 weremanaged and referrals were made to other healthcare professionals as needed. Falls management training had yet to be completed for a number of staff. This has previously been identified as an area of improvement.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records accurately reflected the patients' assessed needs.

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

Frailer patients were seen to be comfortable with needs attended to regularly by staff.

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

3.3.3Management of Care Records

Patients' care records were maintained safely and securely to ensure confidentiality.

Patients' 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 patients' 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 patients' needs. Care staff recorded regular evaluations about the delivery of care.

Care records were audited by the manager on a regular basis with corresponding actions plans put in place.

3.3.4Quality and Management of Patients' 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.

Cleaning chemicals were stored safely and securely.

The home's most recent fire safety risk assessment was dated 18 October 2025. The five recommendations made from this assessment had no corresponding evidence recorded of the actions taken in response. An area of improvement was made for a time bound action plan to be submitted detailing how and when these recommendations will be addressed.

Fire safety training was not maintained on an up-to-date basis for a significant number of staff. An area of improvement was made.

Fire safety exits were kept clear of obstruction.

There was evidence 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.

3.3.5Quality of Management Systems

MsLouise Donnellyis the manager of the home and is in the process of applying for registration with RQIA. 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 incidents that happened in the home. Accidents and incidents were notified, if required, to the patient's next of kin and their aligned named worker, and as appropriate to RQIA. An area of improvement was made to notify RQIA of any complaints or concerns that necessitate a safeguarding referral.

The home was visited each month by the responsible individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail. These reports are available for review by patients, their representatives, the Trust and RQIA.

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	4*	1

*The total number of areas for improvement includes one regulation that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Louise Donnelly, 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation14(2)(d) **Stated:** First time **To be completed by:** 24 March 2026	The registered person shall ensure that all staff receive up-to-date training in first aid. Ref: 3.3.1
	Response by registered person detailing the actions taken: All staff training records have been reviewed to identify any gaps in first aid certification. A schedule of first aid training has been arranged and all staff have either completed or are booked to complete up to date first aid training. The training matrix has been updated to monitor complaince and ensure renewal dates are tracked. Moving forward, first aid training will continue to form part of mandaory training requiremnets, with refresher training scehduled in advance of expiry dates to maintain complaince.

Area for improvement 2 **Ref:** Regulation 27(4)(e) **Stated:**First time **To be completed by:** 24 March 2026	The registered personshall ensure that all staff receive up-to-date training in fire safety. Ref: 3.3.1 and 3.3.4
	Response by registered person detailing the actions taken: A full audit of Fire Safety training records has been undertaken. All staff have now completed, or are scheduled to be complete fire safety training. Fire safety training is now embedded within the mandatory training programme and nurse manager will continue to monitor compliance.
Area for improvement 3 **Ref:** Regulation 20(1)(c)(I) **Stated:**Secondtime **To be completed by:** 24 April 2026	The registered person shall ensure that all staff receive up-to-date training in falls management Ref: 3.3.1 and 3.3.
	Response by registered person detailing the actions taken: Immedicate action has been taken to address the shortfall. All staff have been enrolled in updated falls management training, with priorpty given to those directly involved in patient care. Falls risk assessmnets and care plans have also been reviewed by management to ensure best practice is implemented. Falls management training is now included as a mandatory training programme, with complaince closely monitored through training matirx and supervision processes.
Area for improvement 4 **Ref:** Regulation 27(4)(a) **Stated:**First time **To be completed by:** 24 March 2026	The registered person shall submit a time bound action plan detailing how and when the five recommendations from the fire safety risk assessment, dated 18 October 2025, will be addressed. Ref: 3.3.4
	Response by registered person detailing the actions taken: A comprehensive review of the fire safety risk assessment has been undertaken. All recommenations have been addressed and completed within the required timescale. Appropriate actions were implemented to ensure full complaince with fire safety standards, and any necessary works were carried out and verified. Ongoing monitoring arrnagements are in place to ensure continued complaince with fire safety requirements.

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 13 **Stated:** Firsttime	The registered person shall ensure thatany complaints or concerns that necessitate a safeguarding referral are notified to RQIA. Ref:3.3.5
To be completed by: 25 February2026	**Response by registered person detailing the actions taken:** The safeguarding and complaints procedures have been reviewed and updated to ensure clarity regarding the requirement to notify RQIA. All management and senior staff have received guidance on notification systems. A system has been implemented to track all complaints and safeguarding referrals, ensuring timely and appropriate notification to RQIA. This process will be monitored through regular audits and management oversight to ensure ongoing complaince.

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