The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Ardview House**

Provider: **South Eastern Health and Social Care Trust**

Date of Inspection: **17 November 2025**

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:	South Eastern Health and Social Care Trust
Responsible Individual	Roisin Coulter
Registered Manager:	Cathryn Anne Canning
Service Profile – This home is a registered residential care home, which provides health and social care for up to 39 residents. The home provides care for residents living with dementia and for those needing general residential care. Resident's bedrooms are located over two floors in the home. Residents have access to communal lounges, dining rooms and a hairdressing room.	

2.0 Inspection summary

An announced pre-registration inspection took place on 17 November 2025 from 10.00 am to 11.00 am by a care inspector and an estates inspector. This was in association with the works contained in variation VA013171 to increase the number of registered places for residents with dementia.

Areas for improvement identified at the previous care inspection were not reviewed as part of this inspection and these areas are carried forward for review at the next care inspection. No new areas for improvement were identified as a result of this inspection.

Following review of the information submitted to RQIA and the findings of the inspection, RQIA approved the variation.

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.

3.2 Inspection findings

3.3.1 Estates Inspector findings

Documentation presented during and subsequent to the inspection confirmed that the premises, engineering services and equipment are installed and commissioned in line with relevant legislation, ACOPs and current best practice guidance.

The accommodation as specified in this variation application was inspected and found to be compliant with current minimum standards for a Residential Care Home. The level of decoration throughout the new unit was to a high standard.

The fire risk assessment and legionella risk assessment documents had been reviewed and action plan recommendations are being implemented.

From an estates perspective RQIA were satisfied that the premises were suitable to meet the aims and objectives, as described in the home's Statement of Purpose. No areas for improvement were identified.

4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no new areas for improvement being identified.

	Regulations	Standards
Total number of Areas for Improvement	2*	6*

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

Findings of the inspection were discussed with Miss Cathryn Anne Canning, Registered Manager, as part of the inspection process and can be found in the main body of the report.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13 (7) **Stated:** First time **To be completed by:** 30 September 2025	The Registered Person shall ensure the infection prevention and control issues identified during the inspection are managed to minimise the risk and spread of infection. This area for improvement is made in relation to equipment used by residents that have evidence of rust must be repaired or replaced to allow effective cleaning. In addition, the storage of PPE and ensuring all pull cords have a wipeable coating attached.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 2.0
Area for improvement 2 **Ref:** Regulation 14 (4) **Stated:** First time **To be completed by:** 30 September 2025	The Registered Person shall ensure that all areas of the home to which residents have access, are free from hazards to their safety. This area for improvement is made with specific reference to the storage of hair dressing supplies and cleaning items in the hairdressing room.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 2.0
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022) (Version 1:2)	
Area for improvement 1 **Ref:** Standard 25.6 **Stated:** First time **To be completed by:** 30 September 2025	The Registered Person shall ensure that the person in charge of the home, in absence of the manager is highlighted on the staff duty rota. The rota must be maintained as per good record keeping principles.
	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. Ref: 2.0

Area for improvement 2 **Ref:** Standard 6 **Stated:** First time **To be completed by:** 1 November 2025	The Registered Person shall ensure that for those residents living with dementia, their care plans are written with sufficient detail to meet the resident's needs and direct care for staff.
	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. Ref: 2.0
Area for improvement 3 **Ref:** Standard 6.6 **Stated:** First time **To be completed by:** 1 November 2025	The Registered Person shall ensure that resident's care plans are kept up to date and reflect the resident's current needs in relation to the level of care and support required.
	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. Ref: 2.0
Area for improvement 4 **Ref:** Standard 6 **Stated:** First time **To be completed by:** 1 November 2025	The Registered Person shall ensure that any resident who requires a Deprivation of Liberty Safeguard (DoLS) has a care plan in place which details the rational for this aspect of care, this should be kept under review.
	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. Ref: 2.0
Area for improvement 5 **Ref:** Standard 5.2 **Stated:** First time **To be completed by:** 1 October 2025	The Registered Person shall ensure that individual risk assessments are completed to inform the care planning process and kept under regular review. This area for improvement is made with specific reference to risk assessments for residents on a modified diet and for those with behaviour support needs.
	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. Ref: 2.0

Area for improvement 6 **Ref:** Standard 28 **Stated:** First time **To be completed by:** 30 September 2025	The Registered Person shall ensure that any equipment is stored appropriately in the home.
	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. Ref: 2.0

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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