The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Northfield House

Provider: South Eastern HSC Trust

Date of Inspection: 11 May 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:	South Eastern HSC Trust
Responsible Individual:	Ms Roisin Coulter
Registered Manager:	Mrs Samantha Dickson – not registered

Service Profile –
This home is a registered residential care home which is registered to provide health and social care for up to 41 residents. The home is located across two floors with residents residing only on the ground floor at present. The home is registered to provide care to residents with a range of needs, including general health and social care to those over and under 65 years of age, residents with mental health, alcohol, physical or sensory needs.

There are a range of communal areas throughout the home.

2.0 Inspection summary

An unannounced inspection took place on 11 May 2026 from 10.35 am to 3.35 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 care inspection on 10 July 2025; 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.

While we found care to be delivered in a safe and compassionate manner, improvements were required to the overall environment to ensure this is comfortable and homely for residents living in the home. The details of this are discussed in the main body of the report.

It was evident 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.

As a result of this inspection six areas for improvement were assessed as having been addressed by the provider. One area for improvement was not met and has been stated again for a second time. Other medicine related areas for improvement have been carried forward for review at a future inspection. 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 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 spoken with provided positive feedback about their experience of time spent in the home. All of the residents in the home were residing here on a short-term basis. Some of the comments shared included, "the food is beautiful, there is great choice. The staff are great" and "staff are excellent."

Visitors to the home provided positive feedback about their relatives' experiences in the home and said the staff were communicative and attentive to the residents' needs, whilst also ensuring they are supportive and empathetic towards relatives. Comments shared on behalf of a resident described the staff as, "very kind and considerate."

Discussion with 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.

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 systems in place to manage staffing. There was a system in place to monitor staff attendance at mandatory training, it was evident that some staff were outstanding Deprivation of Liberty Safeguard (DoLS) training, assurances were provided by the manager that action had been taken to address this.

Review of a recent recruitment file evidenced completion of a pre-employment checklist to evidence the checks completed prior to a staff member commencing employment in the home. From this checklist, it was not clear that a new Access NI (ANI) had been completed prior to the staff member commencing employment in the home, as the applicant was an internal recruit. A discussion took place with the manager to discuss the circumstances when a new ANI is required to be completed. Assurances were provided that this would be completed and action taken if required. This will be reviewed at a future inspection.

Residents said that there was enough staff on duty to help them. Staff said there was good teamwork and that they felt well supported in their role and that they were satisfied with the staffing levels.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty. Residents commented on the attentiveness of staff with a number of residents saying that once they rang the buzzer staff were in attendance to offer support promptly.

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 resident's 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. 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 residents 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.

Where a resident was at risk of falling, measures to reduce this risk were put in place. For example, referral to their GP or Physiotherapy.

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, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Prior to the mealtime staff held a safety pause to consider those residents who required a modified diet. It was observed that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. For example, staff had considered the seating arrangements to ensure residents were seated comfortably and with other residents to promote a social environment. The mealtime coordinator was clearly identified.

The importance of engaging with residents was well understood by the manager and staff. Residents said there were activities ongoing in the home, for example; quiz games, artwork and walks. Some of the residents said they preferred to remain in their rooms engaging in their own preferred stimulation such as, reading, listening to music or watching television.

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' 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 warm and welcoming, clean, neat and tidy for the areas occupied by residents. The first floor in the home is not currently occupied by residents due to issues with the lift. One of the rooms reviewed had access to exposed pipes; this was shared with the manager for review and action. Assurances were provided that residents would not be placed on the first floor of the home without repairs made to the flooring.

The ground floor of the home were residents reside was bright and comfortable. For example, residents' bedrooms were personalised with items important to the resident. There was a homely atmosphere and residents said they were comfortable in their environment. However, there was no evidence of progress having taken place with regards to the areas requiring refurbishments identified during the last care inspection. For example, the woodwork, paintwork and flooring across the home continued to appear tired and worn. The manager provided assurances that this has been escalated for plans to be put in place and the Trust estate's team had also completed an audit to identify the refurbishment works required. This area for improvement has not been met and will be stated again for a second time.

There was evidence of equipment stored in one bedroom which was not in use and an excessive number of commodes stored in a communal bathroom. Assurances were provided that these were removed at the time of inspection. A discussion took place with the manager to ensure that rooms are maintained within their original stated purpose.

A store room with access to an electrical cupboard and keys to areas across the home was left unlocked. This was addressed at the time of inspection. An area for improvement was identified.

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 was safe to live in, work in and visit. For example, fire safety checks and water checks.

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

Mrs Samantha Dickson is the manager in this home. Residents, relatives and staff commented positively about the manager and described her 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 by the home.

Residents and their relatives said that they knew who to approach if they had a concern and had confidence that any concern would be managed well.

A log of compliments was maintained and shared with staff, this is good practice.

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 standard that has been stated for a second time and one regulation and one standard that have been carried forward for review at a future inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Samantha Dickson, 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 13 (4) **Stated:** First time **To be completed by:** 30 May 2025	The Registered Person shall review the management of warfarin to ensure obsolete records are cancelled and archived and where transcribing of warfarin doses occurs this involves two staff members. Ref: 2.0
	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.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 **Ref:** Standard 27 **Stated:** Second time **To be completed by:** 6 July 2026	The Registered Person shall complete and submit an action plan to RQIA outlining the plans for refurbishments to the home; to include handrails, door frames and doors across the home. These should include projected timeframes for the works to take place. Ref: 2.0 & 3.3.4
	Response by registered person detailing the actions taken: The Trust Estates Department are currently undertaing an audit to identify and prioritise the Estates work required in Northfield House to inform an Estates action plan for this year
Area for improvement 2 **Ref:** Standard 28 **Stated:** First time **To be completed by:** 11 May 2026	The Registered Person shall ensure that the store room with access to the electrical cupboard is kept secure. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Registered manager has ensured that this door will remain locked at all times

Area for improvement 3 **Ref:** Standard 32 **Stated:** First time **To be completed by:** 30 May 2025	The Registered Person shall ensure room temperatures are recorded daily in medication storage areas. 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.

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

The Regulation and Quality Improvement Authority

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