

Inspection Report

Name of Service:	611 Ormeau Road
Provider:	Belfast Health and Social Care Trust
Date of Inspection:	9 June 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:	Belfast Health and Social Care Trust
Responsible Individual:	Ms Jennifer Welsh
Registered Manager:	Ms Charlene McLaughlin
Service Profile – This home is a registered residential care home which provides health and social care for up to 13 residents who have a diagnosis of a learning disability. Two of the 13 registered places are used for short-term respite breaks for people who live in the community. Residents have access to communal lounges, bathrooms, a dining room and an enclosed garden area.	

2.0 Inspection summary

An unannounced inspection took place on 9 June 2026, from 9.30 am to 3.15 pm by two care inspectors.

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 26 June 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.

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, three areas for improvement were assessed as having been addressed by the provider. 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 described staff as "Really nice," and "Great". Residents spoken with said that they were happy living in 611 Ormeau Road. Comments included, "It is good fun, I enjoy my weekend treat of a take away and all the birthday celebrations," "The staff are very nice, it's all good," and "I love living here."

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Staff said there was good teamwork within the home. Staff comments included, "This is a great place," "I am really happy working here, communication is excellent," and "Manager support is very, very good."

A professional visitor in the home commented that they had "No concerns," they said, "The home manager is very responsive, there is good communication and their notes are always very up to date."

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. No new staff have been recruited since the last inspection, a review of the homes systems and process for staffing evidenced that systems were in place to manage staffing.

Residents said that there was enough staff on duty to help them. Staff said there was good teamwork and that they felt supported in their role and that they were mostly 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.

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.

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.

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. For example, one resident appeared to be upset/agitated and staff were observed using gentle respectful encouragement with them throughout the day.

Residents were observed to be enjoying one another's company; some residents were getting ready to attend day care while others remained in the home supported by staff to enjoy activities such as art or relaxing and watching TV.

Where a resident was at risk of falling, measures to reduce this risk were put in place. Examination of care records and discussion with the staff and 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 the Trust's Specialist Falls Service, their GP, or for 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; the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience.

Staff understood that meaningful activity was not isolated to the planned social events or games. Activities for residents were provided which involved both group and one to one activities. Birthdays and annual holidays were celebrated. An activities schedule was in place for residents to take part in if they wished to do so. One resident said, "I love the activities."

A review of records confirmed that residents participated in regular residents' meeting which provided an opportunity for them to comment on aspects of the running of the home. For example, planning activities and menu choices.

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

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were suitably furnished, warm and comfortable. However, some parts of the home were showing signs of wear and tear. For example, the sealant around sinks in residents' bedrooms was in need of replacing, a raised toilet seat was ripped, ceiling tiles were cracked, some areas showed signs of damp and the top of a bedside table was lifting. In addition to this, some walls were marked and in need of repainting. An area for improvement was identified.

Shortfalls were identified concerning the effective management of potential risk to residents' health and wellbeing; specifically, the domestic trolley with access to cleaning materials was left unattended; a store cupboard was open with access to paint and staff lockers had been left unlocked. An area for improvement has been identified.

Observation of the external environment, review of records and discussion with staff indicated that the gardens were in need of attention. Garden furniture was broken and uncovered and wood with exposed nails was left unattended. An area for improvement was identified.

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.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection.

The manager confirmed that she was completing the 'My Home Life' program with the University of Ulster as part of her professional development. The manager was able to describe how this was a beneficial program as she was able to engage in shared learning and peer support.

Residents, staff and visiting professionals 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. In addition to this, the home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. These audits and reports were not robust in identifying the deficits in the environment noted during the inspection. An area for improvement was identified.

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

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team 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 14 (2) (a) Stated: First time To be completed by: 9 June 2026	The registered person shall ensure as far as reasonably practicable that all parts of the residential home to which residents have access are free from hazards to their safety. Ref: 3.3.4 Response by registered person detailing the actions taken: The registered manager will ensure all potential hazards as far as reasonably practicable are removed and all accessible areas in the home are free from hazards to ensure residents safety.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 Ref: Standard 27.3 Stated: First time To be completed by: 31 July 2026	The registered person shall ensure as far as reasonably practicable that all parts of the home are kept in a good state of repair and reasonably decorated. Ref: 3.3.4 Response by registered person detailing the actions taken: The registered manager has completed an audit of repairs and internal decoration required throughout the home. All areas within the audit that require repairs have been reported to BHSCT Estate Department for action.
Area for improvement 2 Ref: Standard 27.5 Stated: First time To be completed by: 31 July 2026	The registered person shall ensure that the grounds are kept tidy, safe, suitable for and accessible to all residents. Ref: 3.3.4 Response by registered person detailing the actions taken: The registered manager has undertaken an audit of the external environment and garden area. All areas within the audit have been reported to BHSCT Estate department for works to be completed.

Area for improvement 3 Ref: Standard 20 Stated: First time To be completed by: 31 June 2026	The registered person shall ensure that greater attention is given to the environmental review as part of the monthly monitoring visit. Ref 3.3.5
	Response by registered person detailing the actions taken: The registered manager has reviewed the enviromental audit tool to expand oversight. The audit will be completed monthly by Management and any issues identified will be reported to the BHSCT Estates Department. This will include follow up to ensure completion of any outstanding actions. This audit will be available to be reviewed by the Quality Monitoring officer when completing monthly visits.

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