

Inspection Report

Name of Service: Clifton House Residential Home

Provider: Radius Housing Association

Date of Inspection: 1 July 2026

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation:	Radius Housing Association
Responsible Individual:	Mr Greer Wilson
Registered Manager:	Mrs Catrina O'Rourke
Service Profile: This home is a registered Residential Care Home which provides health and social care for up to 27 residents. The home provides care for residents living with dementia, physical disability, past or present alcohol dependence and for those needing general residential care. Resident's bedrooms are located over two floors in the home. Residents have access to communal lounge areas, dining room, activity room and hairdressing room. The home has an enclosed courtyard garden for residents to enjoy.	

2.0 Inspection summary

An unannounced care inspection took place on 1 July 2026, from 9.30 am to 4.00 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 23 May 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 were observed to be relaxed, comfortable and content in their home environment, and staff interactions were warm, positive and respectful.

Staff described positive teamwork within the home and told us that the manager was supportive, approachable and readily available to provide guidance when needed.

While care was found to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection two areas for improvement from the previous care inspection were assessed as having been addressed by the provider, one area for improvement relating to the homes environment will be carried forward for review at a future inspection. Three areas for improvement relating to medicines management were not assessed and these will be reviewed 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 told us they were happy living in the home, they felt well looked after and listened to by staff and management. Resident's comments included "staff are excellent", "I feel safe staying here" and "the manager is lovely".

Two relatives spoken with spoke highly of the care and services provided in the home. One relative commented that the staff "go above and beyond" in the care of their loved one.

Staff spoke mostly positively about the provision of care within the home and their roles in supporting residents, describing a supportive working environment and a commitment to meeting the needs of residents living in the home.

No questionnaires were received from residents', relatives or visitors. No responses were received from the staff online survey.

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. For example; if they wished to have a lie in or if they preferred to eat their breakfast later than usual.

The system in place to monitor staff mandatory training had been populated with future dates of planned training. Therefore, RQIA were unable to confirm that staff working in the home had received the relevant training commensurate to their role and function within the home. Assurances were provided in writing to RQIA following the inspection to confirm all staff had completed the relevant training required.

A review of the staff supervision matrix highlighted that staff had not received supervision in line with the required standard of twice per year; the last dates recorded on this system were 2024. An area for improvement has been identified.

3.3.2 Quality of Life and Care Delivery

All care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the relevant information about the residents, especially any changes to care, that they needed to assist them in their caring roles.

Staff interactions with residents were observed to be polite, friendly, warm and supportive and the atmosphere throughout the home was relaxed. Staff were knowledgeable of individual resident's needs, their daily routine, wishes and preferences.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. 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.

Residents may require special attention to their skin care. Care records accurately reflected the residents' assessed needs and input from other professionals such as the District Nursing team.

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. For example, residents were referred to their GP if required.

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.

Observation of the lunchtime meal served in the main dining room confirmed that enough staff were present to support residents with their meal and that the food served appeared appetising and nutritious. It was observed that the menu located outside of the dining area, did not accurately reflect the meal served to residents during the mealtime experience. This was discussed with the manager, alongside ways of enhancing the menu and an area for improvement has been identified.

Activities for residents were provided which included both group and one to one activities. Residents told us that they were offered a range of activities and spoke highly of the staff involved in delivering activity provision in 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.

Care records were person centred, mostly 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.

Residents care records were held confidentially.

3.3.4 Quality and Management of Residents' Environment

The home was clean and comfortable for residents. Bedrooms were tidy and personalised with photographs and other personal belongings for residents.

It was confirmed by the management team that refurbishment of the home has been arranged for the latter part of 2026, however a review of the home's environment and records confirmed that the manager did not have a detailed refurbishment plan in place. Details were discussed with the manager, including the need to consider a review of décor in the home to better support the needs of residents living with dementia. A detailed refurbishment plan was shared with RQIA following the inspection and confirmed the works planned; the previous area for improvement will be carried forward for review at a future inspection to allow time for the agreed works to be completed.

Observations identified some concerns with the provision of storage in the home. For example, there was equipment used by residents being stored inappropriately outside the dining room. An area for improvement has been identified.

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.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. However, advice was provided to the manager to ensure that resident's full names are recorded on fire drill records completed. This will be reviewed at a future inspection.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Catrina O'Rourke has been the registered manager in this home since 28 February 2023.

Residents 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 in the home. However, a review of environmental audits highlighted that although actions were identified, these were being carried over from one month to the next and not signed off as completed by the person responsible. An area for improvement has been identified.

A concern was also identified with the system used to monitor resident's weight in the home. The weights audit was not dated, making it difficult to determine when the information had been reviewed. In addition, inaccuracies were identified within the recorded data, and there was no documented evidence that appropriate action had been taken in response to any significant changes in residents weights. An area for improvement has been identified.

Staff and residents' meetings were held regularly and records reviewed demonstrated a comprehensive list of agenda items for discussion.

Staff told us that they would have no issue in raising any concerns regarding residents' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further.

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	2*	7*

* the total number of areas for improvement includes two regulations and two standards which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Catrina O'Rourke, registered 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 Home Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: 2 October 2025	The registered person shall ensure that the refrigerator temperature is monitored daily and action taken if outside the recommended range. 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.
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time To be completed by: 2 October 2025	The registered person shall ensure that inhaled medicines are administered as prescribed. 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 Care Standards for Residential Homes, December 2022 (Version 1:2)	
Area for improvement 1 Ref: Standard 31 Stated: First time To be completed by: 2 October 2025	The registered person shall ensure that obsolete personal medication records are cancelled and archived promptly. 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.

Area for improvement 2 Ref: Standard 27.1 Stated: Second time To be completed by: 1 October 2025	The registered person shall conduct a review of the homes environment to identify refurbishments required and complete a time bound action plan to address any issues identified. This plan should be shared with RQIA for review. Ref: 2.0 & 3.3.4 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.
Area for improvement 3 Ref: Standard 24.2 Stated: First time To be completed by: 1 September 2026	The registered person shall ensure that staff have recorded individual, formal supervision no less than every six months. Ref: 3.3.1 Response by registered person detailing the actions taken: All staff will have a minimum of two formal supervision sessions and an appraisal each year. Arrangements have been agreed to ensure these records are digitised and dates of completion are recorded and retained on a digitised and hard copy record. These records will be subject to review during the monthly monitoring visit to confirm compliance
Area for improvement 4 Ref: Standard 12.14 Stated: First time To be completed by: 1 July 2026	The registered person shall ensure that any changes to the menu are communicated to residents and recorded as required. Ref: 3.3.2 Response by registered person detailing the actions taken: Resident menus are agreed and approved in advance to reflect the likes, dislikes, nutritional and dietary needs of the residents. The registered manager has reminded the catering team that any changes to the daily menu must be discussed and approved by the person in charge and residents must be advised of the change in advance of their meal, to inform their choice of meal for that day. Any change to the agreed menu will be recorded. Menu records will be retained and will be subject to review by the registered manager and during the monthly monitoring visit.

Area for improvement 5 Ref: Standard 28 Stated: First time To be completed by: 1 July 2026	The registered person shall ensure that any equipment used by residents in the home is stored appropriately. Ref: 3.3.4 Response by registered person detailing the actions taken: An area of the Home will be repurposed as part of the upcoming refurbishment programme of works to house the resident hoist and weighing scales.
Area for improvement 6 Ref: Standard 20.10 Stated: First time To be completed by: 1 August 2026	The registered person shall ensure that audits are robust in driving the improvements required in the home, if actions are identified these are completed and signed off by the relevant person responsible. Ref: 3.3.5 Response by registered person detailing the actions taken: The Homes local governance audits, together with sample documentation will be reviewed as part of the monthly monitoring visit to evidence and confirm completion and compliance with the identified improvements.
Area for improvement 7 Ref: Standard 20.10 Stated: First time To be completed by: 1 August 2026	The registered person shall review the system used to monitor residents weights in the home, if actions are identified these are completed and signed off by the relevant person responsible. Ref: 3.3.5 Response by registered person detailing the actions taken: A new system, which includes a section to record any actions taken, if weight loss or gain is outside medical professional, accepted limits has been put in place. Any changes will be updated to the resident care plan. This record will be reviewed as part of the monthly monitoring visit .

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