

Inspection Report

Name of Service:	Northlands Addiction Treatment Centre
Provider:	Northlands Addiction Treatment Centre
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/Registered Provider:	Northlands Addiction Treatment Centre
Responsible Individual/Responsible Person	Mr. Niall Blee
Registered Manager:	Mr. Tommy Canning
Service Profile – This home is a registered residential care home which provides health and social care for up to eight residents. The home offers a six-week placement for people who are undertaking treatment for alcohol, drug or gambling addiction. Counselling is also provided for non-residential persons who attend the home as part of their treatment programme. The home is a two-storey building with resident's bedrooms located on the first floor. Offices and counselling rooms are located over the two floors. There are also three counselling rooms separate to the building. Residents have access to a communal lounge, dining room and outdoor space.	

2.0 Inspection summary

An unannounced inspection took place on 1 July 2026 from 9.15 am to 4.15 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 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 found 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.

As a result of this inspection five 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 resident's, 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.

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 told us that staff were supportive, encouraging, knowledgeable and found them to be 'authentic' in their approach.

Residents are encouraged to give feedback throughout their stay. At the end of their residential treatment they are encouraged to complete a survey on their experiences. Some of the comments from these surveys included; '...staff helped me deal with my addiction in a safe environment', 'I would have been lost without this service, thank you' and '...well managed, safe and confidential..'

Comments from relatives said; 'This is an excellent service...I don't know what [we] would have done without it' and 'the volunteers' are so friendly'.

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.

Residents said that staff were attentive and they were able to approach them with any concerns. They said that they had 'faith' in the staff, and that they knew how to provide the care they needed.

Staff told us that they work in a supportive team, not only within the residential unit but with the wider team who work in the community outreach. They said that all the staff have a deep connection to the work they do and give their all to support the residents.

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 skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Staff and residents eat lunch together in the communal dining room and were observed to be engaging in conversation, which added to the homely and supportive approach that is the ethos of the service.

Residents told us that they had choice during their time in the home. The home's ethos is to encourage the residents to be independent with activities of daily living as part of their program to return home. The home holds resident meetings where they agree on 'chores' for the week such as washing up, cooking a group meal or cleaning tasks. Residents complete their own laundry. They also meet with the chef in the home to help choose the weekly menu. Outside of counselling and group therapy, they can choose to participate in activities such as the gym, yoga, swimming or attending a walking group.

The dining experience was an opportunity for residents to relax and socialise. It was observed to be relaxed and unhurried. The chef prepares the lunch time meal each day. Residents prepare their own breakfast and dinner. Residents can make themselves snacks and drinks at any time.

Arrangements were in place to facilitate visits from friends and families.

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 treatment 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, reviewed weekly and updated to ensure they continued to meet the residents' needs. Residents were involved in planning their own care and the details of treatment plans were shared with residents' relatives, if this was appropriate. The manager had oversight of resident notes and a weekly audit is completed.

3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

There was evidence of ongoing refurbishment work throughout the home, such as painting, updating lighting and recovering of chairs. There are future plans to make a group room used for residents more comfortable and inviting. Communal bathroom/ shower room flooring and fixtures have been replaced in recent months.

Residents said they found the home comfortable and there are a variety of spaces to use indoors or outdoors if they wished to do so.

Some of the communal spaces e.g. library was used for storing unused items. Assurances were given that this would be reviewed and items removed. This will be reviewed at a future inspection.

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, resident call system checks, and water temperature checks.

3.3.5 Quality of Management Systems

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

Residents and staff commented positively about the manager and described them as supportive, approachable and able to provide guidance.

Residents said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well. There is a process for residents to submit anonymous comments during their stay. Each resident is encouraged to complete an exit survey upon completing their residential treatment which asks them to reflect on their experience of the service, the staff and building. A system is in place to ensure that complaints are explored under the policy.

A record of compliments is held, and there are 'thank you' cards displayed throughout the home thanking the staff for their care and compassion during their residential treatment.

Staff annual appraisals were overdue, but assurances were given that these have been scheduled with a completion date of 31 August 2026. Management told us that they plan to review the appraisal system to ensure that it is more meaningful for the staff and the service.

There is a system in place to record accidents and incidents and report to relevant stakeholders such as the commissioning HSC Trust. RQIA had not been notified of some of these events as required under regulation. An area for improvement has been identified.

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. Discussion with the manager established that governance audits continues to be a focus of development for management to ensure a robust system is embedded within practice. This is being monitored through the Regulation 29 monthly monitoring visits completed by the responsible individual.

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*	0

Areas for improvement and details of the Quality Improvement Plan were discussed with the manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

One area for improvement has been carried forward and one new area for improvement has been made as a result of this 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: 16 October 2025	The registered person shall ensure that the room temperature of the medicine storage area is monitored daily and maintained at or below 25°C. Ref: 3.3.2 Response by registered person detailing the actions taken: A monitoring sheet was introduced that records the temperature of the medicine storage area on a daily basis. This began on November 1st 2025
Area for improvement 2 Ref: Regulation 30 Stated: First time To be completed by: 1 July 2026	The registered person shall ensure that all notifiable events are reported to RQIA in a timely manner. Response by registered person detailing the actions taken: Northlands commits to reporting all and any notifiable events to RQIA and also commits to ask for clarification for notifiable events when there is uncertainty around notification.

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