



Inspection Report

Name of Service: Clairville

Provider: Clairville

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:	Clairville
Responsible Individual:	Mrs Veronica Reid
Registered Manager:	Ms Emma Reid
Service Profile – This home is a registered residential care home which provides health and social care for up to 17 residents. Residents' bedrooms are located across two floors with communal spaces and a dining room located on the ground floor. Residents' have access to outside space.	

2.0 Inspection summary

An unannounced inspection took place on 1 July 2026, from 10.05am to 4.30pm 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 15 April 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.

While we found care 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 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 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. 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 commented positively regarding the home and said they felt they were well looked after. A resident told us of how, "The staff are very attentive, the food is very good, I love it here!" Another resident spoke of how, "The staff are excellent, I am very happy with the care."

A relative spoke of how they had "No concerns over the care in the home."

Staff told us they were happy working in the home, that there was enough staff on duty and felt supported by the manager and the training provided.

Nine responses to the staff survey were received following inspection, which contained very positive comments on the care provided, and on the management in the home. One returned questionnaire from a relative also commented positively on the care and services in the home. No additional feedback was provided from residents following the inspection.

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.

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 residents' 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, 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.

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.

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.

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 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 and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. 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.

The importance of engaging with residents was well understood by the manager and staff.

Staff were having a musical activity in the conservatory with the residents, who all appeared to enjoy this.

Arrangements were in place to meet residents' social, religious and spiritual needs within the home. Residents' needs were met through a range of individual and group activities such as arts and crafts, religious activities, games and musical activities.

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. Review of care plans identified that care plans need to have more structure and have defined goals and interventions for staff, to direct staff to meet resident's individual needs. This was discussed with the manager and an area for improvement was identified.

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 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. Some redecoration had been completed in the home in the past year.

A number of Infection Prevention and Control (IPC) issues were identified. A handrail in an upstairs bathroom was rusty. There was a rusty shower chair in a downstairs bathroom. The surface of a toilet frame in a downstairs toilet had its surface broken. This was brought to the manager's attention, and an area for improvement was identified.

The manager was advised to discuss with the fire risk assessor for the home, the placement of intumescent strips and smoke seals.

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's was safe to live in, work in and visit. For example, fire safety checks, resident call system checks, electrical installation checks and water temperature checks. The names of all staff attending fire drills was not always being recorded. The manager agreed to address this. This will be reviewed at a subsequent inspection.

Not all the residents' bedrooms had a locked storage space for them to keep valuables in for example. An area for improvement identified.

A bedroom floor was warped in places, and required to be repaired or replaced. An area for improvement was identified.

3.3.5 Quality of Management Systems

There has been no change in the management of this home since the last inspection. Ms Emma Reid has been managing the home since 30 October 2014.

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

It was discussed with the manager the need for the range of audits being completed to be wider, to include Infection Prevention and Control (IPC), handwashing and the mealtime experience for residents. An area for improvement was identified.

Residents spoken with said that they knew how to report any concerns or complaints and said they were confident that the manager would address these.

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	0	5

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Emma Reid, 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 Minimum Standards (Dec 2022)	
Area for improvement 1 Ref: Standard 6 Stated: First time To be completed by: 1 August 2026	The Registered Person shall review the structure of care plans to ensure that they have defined goals and interventions, to direct staff to meet the assessed needs of residents. Ref: 3.3.3
	Response by registered person detailing the actions taken: A full review of all resident care plans has been completed. Care plan templates have been revised to ensure each identified need includes clear, person-centred goals and specific interventions to guide staff in meeting residents' assessed needs. Existing care plans have been updated to reflect these changes, ensuring interventions are outcome-focused and provide clear direction for staff. Senior staff have been instructed on the revised documentation requirements, and regular monthly audits will be undertaken by the Registered Manager to monitor compliance and ensure care plans remain accurate, comprehensive and reflective of residents' current needs.
Area for improvement 2 Ref: Standard 27 Stated: First time To be completed by: 1 August 2026	The registered person shall ensure the followings areas in the environment are addressed: • The handrail in the upstairs bathroom is repaired or replaced. • The shower chair in the downstairs bathroom is repaired or replaced • The toilet frame in the downstairs toilet is repaired or replaced. Ref: 3.3.4
	Response by registered person detailing the actions taken: Hand rail replaced. Shower chair replaced. Toilet frame replaced
Area for improvement 3 Ref: Standard E26 Stated: First time	The registered person shall ensure that each resident's bedroom has a lockable storage space, for use by the resident. Ref: 3.3.4

To be completed by: 1 October 2026	Response by registered person detailing the actions taken: The Registered Person has reviewed the arrangements for the safe storage of residents' valuables. Residents will be offered lockable storage within their bedrooms where they wish to retain personal valuables in their own room. Where residents prefer, or where larger or high-value items require additional security, secure storage continues to be provided in the home's office safe. Residents will be consulted regarding their preference, and this will be recorded within their care plan. This ensures that residents have access to secure storage appropriate to their individual needs and wishes.
Area for improvement 4 Ref: Standard 27 Stated: First time To be completed by: 1 October 2026	The registered person shall ensure that the floor covering in the identified bedroom is repaired or replaced. Ref: 3.3.4 Response by registered person detailing the actions taken: Under completion.
Area for improvement 5 Ref: Standard 20.10 Stated: First time To be completed by: 1 August 2026	The registered person shall review the range of audits being completed to include: • Infection Prevention and Control (IPC) • Staff handwashing • The mealtime experience for residents Ref: 3.3.5 Response by registered person detailing the actions taken: The home's audit programme has been reviewed and expanded to include additional audits for Infection Prevention and Control (IPC), staff hand hygiene and the residents' mealtime experience. Audit tools have been developed and incorporated into the monthly quality assurance schedule. Findings will be reviewed by the Registered Manager, with any actions identified recorded, implemented and monitored to completion. This will support continuous quality improvement and ensure compliance with regulatory standards.

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The Regulation and
Quality Improvement
Authority

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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