



Inspection Report

Name of Service:	Roxborough House
Provider:	Southern Health and Social Care Trust (SHSCT)
Date of Inspection:	6 August 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:	Southern HSC Trust
Responsible Individual:	Mr Steve Spoerry
Registered Manager:	Mr James Dowdall
Service Profile This home is a registered residential care home which provides health and social care for up to 30 residents over 65 years of age and up to two persons with a learning disability. All residents are accommodated in single bedrooms over two floors. Residents have access to communal areas and a secure outdoor space.	

2.0 Inspection summary

An unannounced inspection took place on 6 August 2026, between 10.15 am and 5.30 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 30 September 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

RQIA were seriously concerned regarding managerial governance and oversight within the home and the potential this has to place residents at risk. RQIA were also concerned with an overall lack of progress within the quality improvement plan and that improvements previously met, were not sustained.

As a result of this inspection, RQIA required the provider to attend a meeting in line with RQIA's enforcement procedures. A Serious Concerns meeting was held on the 18 August 2026.

During the meeting, representatives of the Responsible Individual, provided RQIA with the details of an action plan, and advised of the completed or planned actions to secure the necessary improvements identified during the inspection. RQIA accepted the assurances provided by the management team.

Full details, including new areas for improvement identified, can be found in the main body of the 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 spoken with provided mostly positive feedback about their experiences residing in the home. Some of the comments shared included, "it's great, I could not say a bad word, the food is lovely and the staff are lovely."

There was mixed feedback from residents about the provision of planned activities throughout the day. Residents were observed engaging in their own preferred stimulation, such as reading books, watching television or waiting in their rooms for visitors to come. Other comments made by residents were shared with the manager for review and action and are discussed further in section 3.3.2.

Staff working in the home commented positively about working in the home and said there was mostly good teamwork and support from the management team.

A number of questionnaires were completed by residents in the home. The feedback mostly reflected that care delivery in the home was safe, effective and compassionate. Other comments were shared with the management team for review and action as appropriate.

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.

It was evident that the manager had access to the online recruitment system to review pre-employment checks for staff carried out by the HR department. However, there was a lack of evidence to show that these checks had been fully reviewed by the manager prior to the prospective staff member commencing employment in the home. Concerns regarding the evidence of the managerial oversight of the recruitment process were first identified in April 2024 and, whilst some improvement had been made to address this deficit it was concerning that this issue had not been fully addressed. This was discussed at the meeting with RQIA on the 18 August 2026 and assurances were provided that an updated pre-employment checklist was in place and would be completed and signed off by the manager; prior to staff commencing employment in the home. A new area for improvement was identified.

Whilst a system was in place to confirm staffs' registration with the Northern Ireland Social Care Council (NISCC), there was no evidence of oversight of these checks by the manager. One staff member was not included in the monthly checks however, assurances were provided during the inspection that the staff member was registered appropriately with NISCC. Enhancement of the current system is required to ensure this is robust by including all staff's names and is signed and dated by the manager to evidence managerial oversight. The details of this were discussed with the management team at the meeting with RQIA and an area for improvement was identified.

A system was in place to evidence senior care staff's supervision, however this did not evidence that staff were receiving supervision at least six monthly; and was not available for care staff. The previous area for improvement identified has not been met and will be stated again for a second time.

There was a system in place to monitor and ensure staff have received their annual appraisal. A number of these remained outstanding. The details of this were shared with the manager and the previous area for improvement was stated for a second time.

There was evidence of a new system in place to monitor staff's overall compliance with mandatory training. However, the overall total compliance was not available on the day of inspection. An area for improvement was identified.

Staff said there was good teamwork 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. Throughout the day staff confirmed that they attended 'safety pauses' prior to mealtimes to ensure good communication across the team about changes in 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.

Where a resident was at risk of falling, measures to reduce this risk were put in place. However, falls analysis completed were not robust at identifying patterns and trends. For example, a falls ladder was completed; but lacked detail about ways of reduce the risk of these incidents reoccurring. The details of this were shared with the manager and the need for a more clear analysis to be included as part of these audits. This will be reviewed at a future inspection.

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 evidenced 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. Residents provided positive feedback about the food and staff were observed offering choice and condiments to residents.

There was mixed feedback from residents about the provision of activities in the home and one resident stated, "It's a lonely place in here". There was no evidence of planned activities taking place during the inspection and no activity planner was in place. A discussion with staff confirmed they were in the process of reviewing the current activity planner for the change in seasonal activities. An area for improvement was identified.

Whilst it was observed that there was adequate staffing levels to meet the needs of residents, staff were observed on occasion huddling in staff areas and were not visible interacting with residents to promote social stimulation or engagement. The details of this were shared with the manager for review and action. An area for improvement was identified.

3.3.3 Management of Care Records

Pre-admission assessments were being completed prior to resident's admission, however these were not always clear in identifying the outcome of the assessment or signed off by the person completing. This is concerning, as it does not provide assurances that a clear decision has been made about the resident's suitability for admission, increasing the risk of residents being admitted outside the homes registered categories of care. This was discussed during the meeting with RQIA and an area for improvement was identified.

Care records were mostly person centred, and updated to ensure they continued to meet the residents' needs. Further details were required to one care plan, the details of this were shared with the manager for review and action. Care staff recorded regular evaluations about the delivery of care and residents care records were held confidentially.

Risk assessments were in place for residents such as, choking and falls however, these were often generic and not personalised to reflect individual assessed need. The details of this were discussed during the meeting with RQIA and an area for improvement was identified.

3.3.4 Quality and Management of Residents' Environment

The home was warm and welcoming resident's bedrooms were personalised with items important to them. However there was evidence of some repairs required across the building for example, a leak was evident to a ceiling in the lounge area. Whilst this had been identified in the environmental audits and reported to the estates team; there was no clear timeframe for the works to be completed or evidence of any ongoing escalation or follow-up by the manager to request an update on the plans for completion of these works. This was discussed at the meeting with RQIA on the 18 August 2026 and assurances were provided that the system for escalating concerns and works to ensure these are completed in a timely manner has been put into place. An area for improvement was identified.

A Fire Risk Assessment had been completed on 15 November 2025, whilst most of the actions on the corresponding action plan were identified as completed; one action remained outstanding. It is concerning that there was no evidence that onward referrals had been made to the appropriate team to ensure these actions were completed within the timeframes identified by the fire risk assessor. Assurances were provided during the meeting with RQIA that action has been taken to address these areas identified by the fire risk assessor. An area for improvement was identified.

On the day of inspection, staff reported that one shower was not working appropriately and that the other had poor water pressure. In addition to this, it was also reported that one of the baths in the home had been condemned. RQIA are concerned that the current issues with shower facilities are having an impact on resident's preference for showering/bathing. This was discussed with the management team during the meeting with RQIA on the 18 August 2026 and assurances were provided that there were no current concerns relating to the operation of showers in the home. The management team confirmed this would be further reviewed by the estates department and any necessary actions taken.

During the inspection it was noted that the furniture from one lounge had been removed and work to install an electrical box had commenced; the manager advised that the former lounge would be used as an electrical supply station. An application to vary the registration of the home had not been submitted to RQIA prior to the works commencing; it is unclear what, if any, consideration was given to the impact of this lounge not being available for use by the residents. This was discussed with the management team during the meeting with RQIA 18 August 2026 and an area for improvement was 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.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mr James Dowdall has been the manager in this home since 21 November 2023.

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

There was evidence of systems in place to monitor the overall quality of care in the home and staff practices, however review of completed audits evidenced these were not always meaningful; when deficits were noted, action plans were not clear and did not provide specific timeframes or evidence that actions had been addressed. Care file audits were not made available and there was no evidence of a system in place to record or monitor complaints. The details of this were discussed during the meeting with RQIA 18 August 2026 and assurances were provided that systems had been reviewed to ensure these were more robust in evidencing when actions were completed as identified in these audits. Two new areas for improvement were identified.

Monthly monitoring visits were being completed, however, these were not robust in order to drive necessary improvements within the home. The reports of the visits were noted to be very repetitive in nature and action plans were not clearly time bound or addressed to take the appropriate action to drive and sustain the improvements required. The details of this were discussed with the management team during the meeting with RQIA on 18 August 2026 and an area for improvement was identified.

Review of accidents and incidents identified that there were a number of accidents and incidents where RQIA were not informed. These were requested to be submitted retrospectively and have now been received. 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	7	9*

* the total number of areas for improvement includes two standards that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr James Dowdall, manager as part of the inspection process; and Mrs Monica McAlister, Assistant Director of Older Peoples Services, Mrs Catherine Sheeran, Director of Adult and Community Services, and Anthony Martin, Monitoring Officer during the Serious Concerns meeting with RQIA on 18 August 2026. 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 21 (1) (a) & (b) Stated: First time To be completed by: 6 August 2026	The Registered Person shall ensure that the system in place to evidence staff's pre-employment checks prior to commencing work in the home is signed and dated by the manager to evidence the date these were completed. Ref: 2.0 & 3.3.1
	Response by registered person detailing the actions taken: The Pre employment checklist used by the Registered Manager has been updated and implemented.
Area for improvement 2 Ref: Regulation 20 (1) (c) (ii) Stated: First time To be completed by: 6 August 2026	The Registered Person shall ensure that the system in place to monitor staff's registration with the NISCC evidences regular review and the manager's oversight of these checks. Ref: 3.3.1
	Response by registered person detailing the actions taken: The NISCC template has been updated and implemented. Compliance with this will be monitored via a new Audit Tracker that the Registered Manager has introduced. This will also be reviewed and monitored as part of the monthly visit completed by the Monitoring Officer. Any deficits will be escalated to the Head of Service and Assistant Director as required to support progress.
Area for improvement 3 Ref: Regulation 27 (4) (a) Stated: First time To be completed by: 6 August 2026	The Registered Person shall ensure that the actions identified as part of the fire risk assessment are completed within the timeframes identified by the fire risk assessor. Ref: 3.3.4
	Response by registered person detailing the actions taken: The DSEAR assessment is to be completed by Health and Safety on 16/09/2026/ Any follow up actions will be overseen by the Registered Manager. Any actions required will be reviewed and monitored as part of the monthly visit completed by the Monitoring Officer. Areas not progressing will be escalated to the Head of Service and Assistant Director as required to support progress.

Area for improvement 4 Ref: Regulation 32 (1) (h) Stated: First time To be completed by: 6 August 2026	The Registered Person shall ensure rooms are not changed outside of their original stated purpose without prior approval from RQIA. Ref: 3.3.4 Response by registered person detailing the actions taken: The Registered Manager is aware that any variations for any proposed changes to rooms outside of their original stated purpose will be shared with RQIA for approval first.
Area for improvement 5 Ref: Regulation 10 (1) Stated: First time To be completed by: 6 August 2026	The Registered Person shall ensure that managerial audits clearly identify the actions required, timeframe for completion and are signed and dated when they have been completed. Ref: 3.3.5 Response by registered person detailing the actions taken: The Registered Manager has implemented a new Audit tracker detailing actions required from managerial audits including time frames for completion. This will also be reviewed and monitored as part of the monthly visit completed by the Monitoring Officer. Areas not progressing will be escalated to the Head of Service and Assistant Director as required to support progress.
Area for improvement 6 Ref: Regulation 29 (4) (c) Stated: First time To be completed by: 6 August 2026	The Registered Person shall ensure monthly monitoring visits outline a clear time bound action plan. These actions should be clearly reflective of the deficits identified from the visit. These visits should evidence management oversight and review of the actions taken. Ref: 3.3.5 Response by registered person detailing the actions taken: The monthly monitoring visit report has been updated and will now includes clear time frames for completion of any deficits noted. In addition an escalation framework has also been implemented to support when the Monitoring Officer needs to notify the Head of Service or Assistant Director to unresolved actions.
Area for improvement 7 Ref: Regulation 30 (1) (d)	The Registered Person shall ensure that all incidents affecting the health, care and welfare of residents are reported to RQIA in a timely manner.

Stated: First time To be completed by: 6 August 2026	Response by registered person detailing the actions taken: A Datix and RQIA tracker has been implemented and will be overseen by the Registered Manager. Progress against this tracker will be reviewed as part of the monthly monitoring visit report and where there are delays in progressing deficits the escalation framework will be implemented by the Monitoring Officer.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 Ref: Standard 24.2 Stated: Second time To be completed by: 3 September 2026	The Registered Person shall ensure that all staff receive formal supervision, no less than every six months. Ref: 2.0 & 3.3.1 Response by registered person detailing the actions taken: The Registered Manager Supervision tracker has been updated and arrangements are in place for staff supervisions to be completed every six months. Compliance will be reviewed as part of the monthly monitoring visit report. Where there are deficits noted the Monitoring Officer with implement the escalation framework.
Area for improvement 2 Ref: Standard 24.5 Stated: Second time To be completed by: 3 September 2026	The Registered Person shall ensure that all staff have a recorded annual appraisal completed. Ref: 2.0 & 3.3.1 Response by registered person detailing the actions taken: The Registered Manager Appraisal tracker has been updated and arrangements are in place for staff appraisals to be completed annually. Compliance will be reviewed as part of the monthly monitoring visit report. Where there are deficits noted the Monitoring Officer with implement the escalation framework.
Area for improvement 3 Ref: Standard 23 Stated: First time To be completed by:	The Registered Person shall ensure that staff are suitably trained for their roles and responsibilities. Ref: 3.3.1

6 August 2026	Response by registered person detailing the actions taken: The Registered Manager has updated the Training Matrix and will review staff compliance monthly. In addition, compliance will be reviewed as part of the monthly monitoring visit report. Where there are deficits noted the Monitoring Officer will implement the escalation framework.
Area for improvement 4 Ref: Standard 13.4 Stated: First time To be completed by: 6 August 2026	The Registered Person shall ensure that the programme of activities is displayed in a suitable format and in an appropriate location so that residents and their relatives know what is scheduled. Ref: 3.3.2
	Response by registered person detailing the actions taken: The Registered Manager will ensure the Homes programme of activities are recorded on the Resident information sheet that is located in the Individual Residents room and all daily activities posted on the white board located outside the dining room. Staff will also update residents each day on daily activities available and encourage participation.
Area for improvement 5 Ref: Standard 25.1 Stated: First time To be completed by: 6 August 2026	The Registered Person shall ensure that staff on duty promote opportunities to meet residents social and recreational needs, based on the size and layout of the home. Ref: 3.3.2
	Response by registered person detailing the actions taken: The Registered Manager will ensure the Homes programme of activities are recorded on the Resident information sheet that is located in the Residents room and posted on the communal white board located outside the dining room. Staff have been reminded to update residents each day on daily activities available and encourage participation.
Area for improvement 6 Ref: Standard 3.4 Stated: First time To be completed by:	The Registered Person shall ensure that pre-admission assessments clearly evidence the outcome of the assessment regarding suitability of admission to the home. These must be dated and signed by the person completing. Ref: 3.3.3

6 August 2026	Response by registered person detailing the actions taken: The Registered Manager has advised all staff who complete Pre admission assessments to clearly evidence the outcome of the assessment regarding suitability of admission to the Home. Staff have been reminded to date and sign the pre admission assessment on completion The Registered Manager will review compliance as part of the monthly file audit. In addition, compliance will be reviewed as part of the monthly monitoring visit report. Where there are deficits noted the Monitoring Officer will implement the escalation framework.
Area for improvement 7 Ref: Standard 5 Stated: First time To be completed by: 20 August 2026	The Registered Person shall ensure that where there is an identified risk, an assessment is completed and that this reflects the individual assessed needs of the resident. Ref: 3.3.3
	Response by registered person detailing the actions taken: The Registered Manager has updated all senior staff involved in assessment and careplanning that all residents identified risks are appropriately assessed and documented in the residents care plan. The Registered Manager will complete a monthly care plan and risk assessment audit and address any deficits. In addition, compliance will be reviewed as part of the monthly monitoring visit report. Where there are deficits noted the Monitoring Officer will implement the escalation framework.
Area for improvement 8 Ref: Standard 27 Stated: First time To be completed by: 6 August 2026	The Registered Person shall ensure that the system in place for identifying environmental deficits clearly identifies the action taken, by whom and signed off when completed. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Registered Manager has implemented an environmental /estates tracker that will be kept under review. Progress against deficits identified will be reviewed and monitored as part of the monthly visit completed by the Monitoring Officer. Areas not progressing will be escalated to the Head of Service and Assistant Director as required.

Area for improvement 9 Ref: Standard 17 Stated: First time To be completed by: 6 August 2026	The Registered Person shall ensure there is a system in place to record any complaints. To include detail of the complaint any action taken, outcomes to the complaint and level of satisfaction for the complainant to the outcome. Ref: 3.3.5
	Response by registered person detailing the actions taken: The Registered Manager will ensure that all complaints are logged on the Trust Datix complaints dashboard and complaints tracker which will record any action taken and outcomes to the complaint and satisfaction to the complainant. Complaints will be reviewed as part of the monthly visit completed by the Monitoring Officer. Outcomes not progressing will be escalated to the Head of Service and Assistant Director as required.

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