

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY (RQIA)

FAILURE TO COMPLY NOTICE

Name of Registered Establishment: Croft Communities Residential Care Home (RQIA ID: 1594)	Name of Registered Person: The Cedar Foundation Mrs Mary Elaine Armstrong, Responsible Individual
Address of Registered Agency: Croft Communities Residential Care Home, 71 Bloomfield Road, Bangor, BT20 4UR	
Issue Date: 19 August 2026	FTC Ref: FTC000262
Regulation not complied with: <i>The Residential Care Homes Regulations (Northern Ireland) 2005</i> <i>Registered person: general requirements</i> <i>10.— (1) The registered provider and the registered manager shall, having regard to the size of the residential care home, the statement of purpose, and the number and needs of the residents, carry on or manage the home (as the case may be) with sufficient care, competence and skill.</i>	
Specific failings to comply with regulations: During the inspection on 5 August 2026, significant concerns were identified regarding the effectiveness of governance arrangements, managerial oversight and the overall culture in the home. Concerns were also noted in regard to a lack of progress relating to areas for improvement identified during previous care inspections conducted on 29 April 2025, 8 October 2025 and 19 March 2026. Discussion with staff evidenced a lack of clear knowledge and understanding of the role and responsibilities of the registered manager. There was a lack of clarity on the reporting and escalation arrangements, when asked who their direct line manager was, one manager indicated that this was the Head of Living Operations and not the registered manager. A review of the auditing systems identified that while audits took place regularly, improvement was required including detail in a number of the action plans. Completed audits provided conflicting information. For example; environmental audits in some	

months indicated that the bathrooms were checked and satisfactory, while other months the audits indicated that bathrooms were not applicable. These audits had been signed off by management as correct. Audits of bedrails, agency staff inductions and the weekly health and safety checks contained gaps and lacked managerial oversight and sign off.

Where actions had been identified on audits there was no clear evidence that these actions had been completed. For example, one bedroom in the home was being used for storage. This had been identified in the environmental audit in April 2026 as an action to be completed, however this action has been carried forward for four months.

There was a lack of clarity and duplication regarding managerial review of the most recent quality improvement plan (QIP) from the inspection on 19 March 2026. Review of the Regulation 29 quality monitoring reports undertaken on behalf of the Responsible Individual, indicated that the quality improvement plan (QIP) from 8 October 2025 was being reviewed.

Staff did not appear to be adhering to the home's policy and procedure regarding completion of supplementary documentation. Where two staff were required to support a resident with repositioning, only one staff member was signing to confirm this had taken place. This was not in accordance with the home's policy. There was no evidence of managerial oversight to this documentation or actions taken to address where staff had not adhered to the home's policy.

Concerns were identified with regards to the appropriateness of staff attire and the ability of residents and their visitors to identify who the staff members were. One staff member, who was providing one to one care to one resident, was observed wearing a 'hoodie' with the hood up; this would not be conducive to providing person centred care which treats residents with respect and dignity. In addition to this, a number of staff were observed working directly with residents while not being bare below the elbow, in accordance with best practice in infection prevention and control and were observed wearing nail polish, long sleeves and a jacket throughout the day. There was no evidence that this had been identified or was being addressed by management.

Action required to comply with regulations:

The registered person shall ensure:

- staff should demonstrate appropriate knowledge with regards to the role and responsibilities of the registered manager and the reporting and escalation arrangements.
- a robust and comprehensive system of audits should be developed; this should include but is not limited to; environmental audits for all three registered areas of the home; infection prevention and control audits; audits of agency staff inductions and audits of staff infection and prevention control practices.

- where deficits are identified through the auditing process a clear time bound action plan is developed which identifies who is responsible for addressing the issue; and any actions taken if improvements are not completed within the agreed timeframes.
- audits and related actions plans clearly identify when required actions have been reviewed and signed off as complete.
- the manager's oversight of the audits must be clearly evidenced, dated and signed by the registered manager.
- all grades of staff, should receive further training and/or support in the recording of supplementary documentation.
- staff demonstrate robust knowledge and understanding of the home's dress code and infection prevention and control policy.
- all staff have completed refresher training on infection prevention and control best practice.
- a robust monitoring system is in place during monthly monitoring Regulation 29 visits to ensure sustained compliance with the areas identified in this notice and the outcomes of the inspection process.

The Registered Person may make written representations to the Chief Executive of RQIA regarding the issue of a failure to comply notice, within one month of the date of serving this notice.

Date by which compliance must be achieved: 21 October 2026

A. Jackson

Signed.....

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pp Director of Adult Care Services

This notice is served under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Home Regulations (Northern Ireland) 2005

It should be noted that failure to comply with some regulations is considered to be an offence and RQIA has the power under regulations to prosecute for specified offences.