

Inspection Report

Name of Service: Railway Lodge Care Home

Provider: Healthcare Ireland (Belfast) Limited

Date of Inspection: 31 July 2025

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

1.0 Service information

Organisation:	Healthcare Ireland (Belfast) Limited
Responsible Individual:	Ms Amanda Mitchell
Registered Manager:	Mrs Bijini Madathiparambil John
<p>Service Profile – Railway Lodge Care Home is a registered nursing home which provides care for up to 80 patients. The home is divided into three units over two floors. Two units; one upstairs and one downstairs provide general nursing care. A further unit upstairs provides care for 16 patients living with dementia. Patient bedrooms are located over the two floors. Patients have access to communal lounges, dining rooms and outside space.</p>	

2.0 Inspection summary

An unannounced inspection took place on 31 July 2025, from 9.30 am to 5.40 pm by care inspectors.

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, since the last care inspection on 18 July 2024 by RQIA, and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

It was evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained.

While we found care to be delivered in a 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 were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next 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 patients, 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

Patients who were able to share their opinions on life in the home said they were well looked after. Patients' comments included; "the staff are very good", "the food is good" and "I have no concerns". Two patient comments were shared with the manager for her appropriate action.

Some patients may have difficulty telling us about their experiences. Patients who had communication difficulties looked relaxed in their environment and during interactions with staff. Patients were observed to give non-verbal cues to indicate their wellbeing, such as smiling or hand gestures.

Staff spoken with said that Railway Lodge Care Home was a good place to work. Staff said that they were satisfied with staffing levels, teamwork was good, the management team was approachable and they thoroughly enjoyed working in the home.

A relative spoken with told us "the staff are very good, I am very happy." A further relative completed and returned a questionnaire, which included the following comments; "We are very happy with the care provided, everyone is friendly, approachable and eager to help, XX are settled and content and this reassures us".

One staff member completed the online survey responding that they were very satisfied working in Railway Lodge Care Home.

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 patients. Review of recruitment records did not provide evidence that a full employment history was on file for a staff member, this was discussed with the manager and an area for improvement was identified.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

Staff said there was good teamwork, that they felt well supported in their role, and that they were satisfied with the staffing levels.

There was a system in place to monitor that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

3.3.2 Quality of Life and Care Delivery

Patients looked well cared for and were seen to enjoy warm and friendly interactions with the staff. Staff were observed to be chatty, friendly and polite to the patients at all times.

Staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. Staff offered patients choice in how and where they spent their day or how they wanted to engage socially with others.

Staff were prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

At times some patients 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 patients and to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position. A review of repositioning records evidenced that some patients were not repositioned as prescribed in their care plans. An area for improvement was identified.

Examination of care records and discussion with the manager confirmed how the risk of falling and falls were managed and referrals were made to other healthcare professionals as needed. Review of records confirmed that staff took appropriate action in the event of a fall, for example, they commenced observations and sought medical assistance if required. However, it was observed the some patients did not have a falls care plan in place and care records were not consistently completed or updated post fall. An area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients 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 confirmed that enough staff were present to support patients with their meal and that the food served smelt and looked appetising. The dining experience was an opportunity for the patients to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

The importance of engaging with patients was well understood by the manager and staff. There was a range of activities provided for patients by activity staff. The planned activity schedule was displayed. The range of activities included social, community, cultural, religious, spiritual and creative events. Patients' needs were met through a range of individual and group activities. Activity records were maintained which included patient engagement with the activity sessions.

3.3.3 Management of Care Records

Patients' needs should be assessed at the time of their admission to the home. Following this initial assessment, care plans should be developed in a timely manner to direct staff on how to meet the patients' needs. Review of care records for new patients' evidenced that some of their care plans and risk assessments had not been developed or completed in a timely manner. An area for improvement was identified.

Patients care records were held confidentially.

Wound care records were reviewed, deficits were identified in the records reviewed; wound care plans lacked detail, inconsistencies were noted in the type of dressings used and in the frequency of dressing changes by nursing staff. An area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment

Despite a refurbishment plan being in place and evidence of management review, it was disappointing to note there had been limited progress in addressing the identified actions. An area for improvement was stated for a second time.

It was observed that a number of beds were made up without bed sheets; discussion with staff confirmed that frequently the home would not have enough bed linen. This was discussed with the manager who agreed to order additional bed linen. An area for improvement was identified.

Continued concerns were identified in regard to the management of risks to patients; shortfalls were identified in the safe storage of food and fluid thickening agents, nutritional supplements, and cleaning chemicals. Two areas for improvement were stated for a second time.

Some items of manual handling equipment were observed in need of a better clean; an area for improvement was stated for a second time.

Review of records 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.

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. Mrs Bijini John is the Registered Manager of the home since September 2022.

Review of a sample of records evidenced that a robust 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.

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	4*	7*

*the total number of areas for improvement includes four that have been stated for a second time and one which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, 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 Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 27 (2) (b)</p> <p>Stated: Second time</p> <p>To be completed by: 31 August 2025</p>	<p>The Registered Person shall ensure that an environmental time bound refurbishment action plan is in place; this action plan should be available for inspection and evidence meaningful oversight by the Manager.</p> <p>Ref: 2.0 and 3.3.4</p> <p>Response by registered person detailing the actions taken: The Registered Manager has completed a full environmental audit of the care home. An action plan has been devised and shared with HCI senior management and Estates to finalise timeframes for actioning each area for improvement. The Registered Manager will ensure quarterly environmental audits are completed and actions addressed within the specified timeframe. The Registered Manager will ensure oversight of this action plan including the addition of any new areas for improvement by reviewing the action plan at least monthly and by signing off all actions once completed. The Regional Manager will review progress of the action plan during each monthly Regulation 29 monitoring visit.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2)</p> <p>Stated: Second time</p> <p>To be completed by: 31 July 2025</p>	<p>The Registered Person shall ensure as far as reasonably practical that all parts of the home to which patients have access to are free from hazards to their safety.</p> <p>Ref: 2.0 and 3.3.4</p> <p>Response by registered person detailing the actions taken: The Registered Manager has discussed with staff, during team meetings and Safe Care Huddles, the importance of storing thickening agents and supplements in lockable cabinets or in the Treatment Room. The Registered Manager and Deputy Manager will continue to monitor compliance with this during daily walk rounds to observe staff practice and ensure compliance. Any deficits identified will be addressed at the time and appropriate action taken with identified if required. The Regional Manager will also monitor this during the monthly Regulation 29 visit and support visits to observe compliance with the management of hazards within the home.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: Second time</p> <p>To be completed by: 31 July 2025</p>	<p>The Registered Person shall ensure that sluice rooms are locked that contain chemicals; so that they are securely stored in accordance with COSHH regulations.</p> <p>Ref: 2.0 and 3.3.4</p> <p>Response by registered person detailing the actions taken: The Registered Manager and Deputy Manager will monitor staff practice and compliance with COSHH Regulations during daily walk arounds. A record of this will be retained and any deficits identified will be addressed at the time. The Registered Manager has discussed with staff during team meetings and Safe Care Huddles their role/responsibility in complying with COSHH Regulations. All staff responsible have signed a Personal Responsibility Statement specific to their job role . The Regional Manager will also complete a walk round during monthly Regulation 29 visits and observe compliance with management of hazards within the home.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2025</p>	<p>The Registered Person shall ensure care documentation for the management of wounds accurately reflect the assessed needs of the patient.</p> <ul style="list-style-type: none"> • All wounds should have detailed individualised care plan • The frequency of dressing changes should clearly reflect the assessed need of the wound • Any change in the wound should be accurately documented and appropriate care documentation updated to reflect the change. <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: The Registered Manager has completed full audit of all current wounds in the home and any deficits identified have been addressed and signed off. As part of the HCI Governanace Framework, a monthly Tissue Viability Audit is completed. Any areas of improvement observed are recorded within an action plan for Registered Nurses to complete within the specified timeframe. All wounds are also reviewed by the Registered Manager or Deputy Manager when completing the weekly Resident at Risk Report. All Registered Nurses will review residents' wound care records and care plans on the electronic nursing system PCS following each dressing change or following any identified change to the residents plan of care. The Regional Manager will spot check wound care during the monthly Regulation 29 visit.</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
<p>Area for improvement 1</p> <p>Ref: Standard 46</p> <p>Stated: Second time</p> <p>To be completed by: 31 July 2025</p>	<p>The Registered Person shall ensure the infection prevention and control issues identified during this inspection are managed to minimise the risk of spread of infection.</p> <ul style="list-style-type: none"> • Manual handling equipment is effectively cleaned • Shower seats are effectively cleaned. <p>Ref: 2.2 and 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: Decontamination of equipment is completed by all staff and records are retained to evidence this. The Registered Manager and the Nurse in Charge of the unit have oversight of compliance through daily spot checks. The Regional Manager will also carry out a walk round during monthly Regulation 29 visits to observe compliance with Infection Prevention and Control. Monthly decontamination audits and infection control audits are being completed as part of HCI Governance Framework. Following a post-inspection call, the Inspector confirmed that the issues identified were related to the MH equipment and confirmed that all showers were effectively cleaned.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 38.3</p> <p>Stated: First time</p> <p>To be completed by: 1 August 2025</p>	<p>The Registered Person shall ensure that before staff commence working in the home that all gaps in employment are explored and recorded.</p> <p>Ref: 3.3.1</p> <hr/> <p>Response by registered person detailing the actions taken: Supported by the HR Recruitment Team the Registered Manager will continue to review all pre-employment records once onboarding of all new employees has been completed. Any gaps in employment will be explored and recorded prior to the start of employment. Since the Inspection HCI HR Team have reviewed the recruitment process and each applicant attending interview will complete the Record of Employment prior to the interview so this can be reviewed and gaps identified discussed during the face to face interview.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 1 August 2025</p>	<p>The Registered Person shall ensure that where a patient requires repositioning; this is completed in accordance with their care plan and reflected within supplementary recording charts.</p> <p>Ref: 3.3.2</p>
<p>Area for improvement 4</p> <p>Ref: Standard 22</p> <p>Stated: First time</p> <p>To be completed by: 1 August 2025</p>	<p>The Registered Person shall ensure that residents who are deemed to be at risk of falls have:</p> <ul style="list-style-type: none"> • a detailed falls care plan in place • the care plan and risk assessment are updated following each fall. <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: A supervision has been completed with all Registered Nurses on the new post-falls pathway and the importance of updating care plans and risk assessments following any falls. The Registered Manager will monitor compliance when reviewing the Daily Shift Report and when completing monthly accident and incident analysis.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 4.1</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2025</p>	<p>The Registered Person shall ensure that an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission. The assessment is commenced on the day of admission and completed within 5 days of admission to the home.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: This area of improvement had already been identified by the Regional Manager on 29th July 2025 and actions to address the deficits had been commenced prior to the inspection. Following the Regulation 29 visit, Registered Nurses had a supervision which focused on the completion of all required Risk Assessments following admission within the required timeframe. The Registered Manager will complete post-admission audits to monitor compliance and if any deficits are identified these will be addressed with the relevant member of the nursing team.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 43</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2025</p>	<p>The Registered Person shall ensure that there is an adequate supply of bedlinen.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: Following the inspection, an audit of bed linen was completed, which evidenced that there is an adequate supply available. Records confirm that new bed linen was purchased in May and July, with further orders placed in August and September. All staff have been reminded that if they identify any concerns with stock levels they must report it to the nurse in charge who can escalate to the Registered Manager who will then place orders as required. The Registered Manager will continue to monitor stock levels to ensure sufficient supply is maintained.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing (28 September 2023)</p>	<p>The Registered Person shall ensure care plans are in place for patients prescribed medicines for the management of distressed reactions. The reason for and outcome of administration of these medicines must be consistently recorded.</p> <p>Ref: 2.0</p> <p>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.</p>

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