

Inspection Report

Name of Service: Rowandale
Provider: Lynn McKillop Ltd
Date of Inspection: 12 June 2025

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:	Lynn McKillop Ltd
Responsible Individual:	Mr Patrick Samuel McMahon
Registered Manager:	Mr Krzysztof Ossowski - not registered
Service Profile –	
This home is a registered residential care home which provides health and social care for up to 15 residents. The home provides general residential care, and care for residents living with mental health conditions and dementia. The home is over two floors.	

2.0 Inspection summary

An unannounced inspection took place on 12 June 2025, between 10.15 am and 5.00pm 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 29 August 2024 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.

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 spoke positively about life in the home. Residents who were less well able to share their views were observed to be at ease in the company of staff and to be content in their surroundings.

One resident told us, "We are well looked after, the girls are excellent, there is plenty of choice." Another resident said, "The staff are excellent, there is nowhere else I would rather be!"

There was evidence of regular residents' meetings which provided an opportunity for them to comment on aspects of the running of the home. For example, planning activities and menu choices.

Residents told us that staff offered them choices throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

No completed questionnaires from residents, relatives or responses to the staff survey were received 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.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day.

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.

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.

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, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. It was clear that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

Children from a local school were in the home singing to residents as part of a local community development project. The residents enjoyed this.

Staff understood that meaningful activity was not isolated to the planned social events or games. 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 armchair exercises, bingo and reminiscence. The activity planner in the hall did not match the pictorial one on display in the lounge. Review of activity records found that the record of activities

provided for residents was not being recorded consistently. Records did not contain the names of the residents attending the activity, the staff leading the activity, or the length of time of the activity. An area for improvement was identified.

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.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. 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.

Mops in the home were not being stored in accordance with Infection Prevention and Control (IPC) Guidance. The ceiling in the conservatory in the home was found to contain cobwebs and required to be effectively cleaned. The manager attended to these issues on the day of inspection. Two areas for improvement were identified.

An area of flooring in laundry was found to be damaged. RQIA received notification on the 17 June 2025 that this had been repaired.

Double glazed windows in the conservatory and in one bedroom had condensation internally. These windows required attention to ensure the view was unobscured. An area for improvement was identified.

There was evidence 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 Krzysztof Ossowski has been the manager in this home since 9 October 2023.

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

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.

Residents said that they knew who to approach if they had a concern or complaint, and had confidence that any complaint would be managed well.

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	1	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Krzysztof Ossowski, 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 Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (2)(b) Stated: First time To be completed by: 5 November 2025	<p>The registered person shall ensure that all the double glazed windows in the home are fit for purpose. This is stated in relation to the windows in the conservatory ,and in the identified bedroom.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: The identified bedroom window has been measured and scheduled to be refitted with a new window. The identified window in the conservatory is included in a larger project to upgrade the whole conservatory by Spring 2026.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (version 1.2 Dec 2022)	
Area for improvement 1 Ref: Standard 13 Stated: First time To be completed by: 01 July 2025	<p>The Registered Person shall ensure that:</p> <ul style="list-style-type: none"> • The activity planner in the lounge and hall match up. • Activities are recorded consistently. • The name of the staff member leading the activity, the residents who attend, and the length of time of the activity is recorded. <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken:</p> <ul style="list-style-type: none"> • The Activity Planner is displayed in the dining room, which can be flexible based on residents' preferences on the day. • Activities are recorded daily, which includes date, time, activity name, staff lead, participating and refusing residents, duration, and signatures.This is overseen and audited by management. • All staff have received supervision on the recording of daily activities.
Area for improvement 2 Ref: Standard 35 Stated: First time To be completed by: 12 June 2025	<p>The Registered Person shall ensure that mops used in the home are stored in relation to current IPC advice.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: All domestic staff have undertaken a group meeting and supervision regarding correct mop storage in line with current IPC guidance. This is overseen by management trough walkarounds and audits.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 27</p> <p>Stated: First time</p>	<p>The Registered Person shall ensure that the cleaning schedule for high dusting in the conservatory is reviewed, to ensure the ceiling area is cleaned effectively.</p> <p>Ref: 3.3.4</p>
<p>To be completed by: 01 July 2025</p>	<p>Response by registered person detailing the actions taken: The Domestic staff have undertaken a group supervision meeting regarding high dusting in Rowandale, the cleaning schedule was also reviewed and agreed. Management continue to oversee this through regular walkarounds and audits.</p>

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