



The Regulation and  
Quality Improvement  
Authority

# Inspection Report

**Name of Service:** Rosemary Lodge Care Home  
**Provider:** Healthcare Ireland No 2 Ltd  
**Date of Inspection:** 7 August 2025

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Healthcare Ireland No 2 Ltd
<b>Responsible Individual:</b>	Ms Amanda Mitchell
<b>Registered Manager:</b>	Mrs Marie-Clare Kennedy
<b>Service Profile:</b> Rosemary Lodge Care Home is a residential care home registered to provide residential care for up to 45 residents. The home is situated over two floors and provides general health and social care for residents over and under 65 years of age, residents over 65 years of age with a mental health diagnosis, residents living with dementia and up to two residents with a learning disability. There is a range of communal areas throughout the home and residents have access to an enclosed garden.	

## 2.0 Inspection summary

An unannounced inspection took place on 7 August 2025, from 10.25am to 3.15pm. The inspection was completed by a pharmacist inspector and focused on medicines management within the home.

The inspection was undertaken to evidence how medicines are managed in relation to the regulations and standards and to determine if the home is delivering safe, effective and compassionate care and is well led in relation to medicines management. The inspection also reviewed the area for improvement identified at the last medicines management inspection. The areas for improvement identified at the last care inspection were carried forward for review at the next inspection.

Mostly satisfactory arrangements were in place for the safe management of medicines. Medicine records and medicine related care plans were mostly well maintained. There were auditing processes in place to ensure that staff were trained and competent to manage medicines and residents were administered their medicines as prescribed. However, improvements were necessary in relation to the secure storage of medicine trolleys, the management of controlled drugs and records of incoming medicines.

Whilst areas for improvement were identified, there was evidence that residents were being administered their medicines as prescribed.

The area for improvement in relation to the verification of medicine records, identified at the last medicines management inspection, was assessed as met. Details of the inspection findings, including areas for improvement carried forward for review at the next inspection and new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) (Section 4.0).

Residents were observed to be relaxed and comfortable in the home and in their interactions with staff. It was evident that staff knew the residents well.

RQIA would like to thank the staff for their assistance throughout the inspection.

## **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 service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection, information held by RQIA about this home was reviewed. This included areas for improvement identified at previous inspections, registration information, and any other written or verbal information received from residents, 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.

### **3.2 What people told us about the service and their quality of life**

Staff expressed satisfaction with how the home was managed. They also said that they had the appropriate training to look after residents and meet their needs. They said that the team communicated well and the management team were readily available to discuss any issues and concerns should they arise.

Staff advised that they were familiar with how each resident liked to take their medicines. They stated medication rounds were tailored to respect each individual's preferences, needs and timing requirements.

RQIA did not receive any completed questionnaires or responses to the staff survey following the inspection.

### 3.3 Inspection findings

#### 3.3.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Residents in residential care homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times residents' needs may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by a GP, a pharmacist or during a hospital admission.

Residents in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Recent records of incoming medicines had not always been accurately maintained, including those for acute medicines and controlled drugs (see section 3.3.3). All incoming medicines must be accurately recorded. An area for improvement was identified.

Personal medication records were in place for each resident. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

The personal medication records reviewed were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to confirm that they were accurate. A small number of minor discrepancies were highlighted for immediate corrective action and on-going vigilance.

Copies of residents' prescriptions/hospital discharge letters were retained so that any entry on the personal medication record could be checked against the prescription.

All residents should have care plans, which detail their specific care needs and how the care is to be delivered. In relation to medicines, these may include care plans for the management of distressed reactions, pain, modified diets etc.

The management of distressed reactions, pain, thickening agents and insulin were reviewed. Care plans contained sufficient detail to direct the required care. Medicine records were well maintained. The audits completed indicated that medicines were administered as prescribed. One newly prescribed specialist medicine, supplied via hospital, needed to be added to the personal medication record and care plan. It was agreed that this would be addressed following the inspection.

#### 3.3.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicine stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the resident's medicines are available for administration as prescribed.

It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

Records reviewed showed that medicines were available for administration when residents required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicine storage area was observed to be securely locked to prevent any unauthorised access. It was tidy and organised so that medicines belonging to each resident could be easily located. The medicine trolleys could not be secured to the wall in the treatment room, since they had been recently replaced and the fixtures were no longer suitable. This must be addressed to ensure that medicines are securely stored. An area for improvement was identified.

Temperatures of medicine storage areas were monitored and recorded. Records showed that the temperature of the treatment room had exceeded the maximum recommended temperature of 25°C since July 2025. While action had been taken, it was agreed that this would continue to be closely monitored and that further action would be taken as necessary. Satisfactory arrangements were in place for medicines requiring cold storage and the storage of controlled drugs.

Satisfactory arrangements were in place for the safe disposal of medicines.

### **3.3.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?**

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment.

A sample of the medicines administration records was reviewed. Records were found to have been accurately completed. Records were filed once completed and were readily retrievable for audit/review.

Controlled drugs are medicines that are subject to strict legal controls and legislation. They commonly include strong painkillers. The receipt, administration and disposal of controlled drugs should be recorded in the controlled drug record book. A small number of missing administration entries were observed and two recently received supplies had not been recorded. One medicine with a reduced expiry date once opened remained in use. An area for improvement was identified in relation to the management of controlled drugs.

Management and staff audited the management and administration of medicines on a regular basis within the home. There was evidence that the findings of the audits had been discussed with staff and addressed. The date of opening was recorded on medicines to facilitate audit and disposal at expiry. The manager agreed to monitor the areas for improvement identified within audit processes.

### **3.3.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?**

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

A review of records indicated that satisfactory arrangements were in place to manage medicines at the time of admission or for residents returning from hospital. Written confirmation of prescribed medicines was obtained at or prior to admission and details shared with the GP and community pharmacy. Medicine records had been accurately completed and there was evidence that medicines were administered as prescribed.

### **3.3.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?**

Occasionally medicines incidents occur within homes. It is important that there are systems in place that quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents.

Management and staff were familiar with the type of incidents that should be reported. The medicine related incidents that had been reported to RQIA since the last inspection were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and the learning shared with staff in order to prevent a recurrence.

The audits completed at the inspection indicated that medicines were being administered as prescribed.

### **3.3.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?**

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and that they are supported. Policies and procedures should be up to date and readily available for staff reference.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Medicines management policies and procedures were in place.

It was agreed that the findings of this inspection would be discussed with staff to facilitate the necessary improvements.

**4.0 Quality Improvement Plan/Areas for Improvement**

Areas for improvement have been identified where action is required to ensure compliance with Regulations.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of Areas for Improvement</b>	3	2*

\*the total number of areas for improvement includes two that were carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the person in charge, and the manager from the adjacent residential care home, within the same provider group, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Home Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 August 2025</p>	<p>The registered person shall ensure that records of incoming medicines are accurately maintained.</p> <p>Ref: 3.3.1 &amp; 3.3.3</p> <p><b>Response by registered person detailing the actions taken:</b> Medication received books in place for both monthly orders and interim medication, delivery docketts and copies of prescriptions are filed appropriately in a folder that has been set up by room number for easy review. Senior care assistants have been made aware of these processes through supervision. Spot checks are carried out by Home Manager. Senior Management will review during Reg 29 visits.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 14 August 2025</p>	<p>The registered person shall ensure that medicine trolleys can be secured to the wall.</p> <p>Ref: 3.3.2</p> <p><b>Response by registered person detailing the actions taken:</b> Appropriate attachments are on the wall for the new medication trolleys to allow them to be secured to wall. Through supervision, Senior Care Assistants have been made aware to ensure trolleys are secured to these when not in use. Home Manager during Home Manager walk round will check compliance, and Senior Management will review during Reg 29 visits.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 August 2025</p>	<p>The registered person shall ensure that the management of controlled drugs is reviewed as detailed in the report.</p> <p>Ref: 3.3.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Supervision had with senior carers to reiterate the importance of checking expiry dates, labels have been sourced from pharmacy that have both dates of opening and expiry dates. Medication audits and spot checks carried out by management team to check for correct counts and any missing signatures. Senior Manager will check compliance during Reg 29 visits</p>
<p><b>Action required to ensure compliance with the Care Standards for Residential Homes, December 2022</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 27</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 5 March 2025</p>	<p>The registered person shall submit a rolling refurbishment plan to RQIA outlining the plans for repairs and timeframes relating to:</p> <ul style="list-style-type: none"> <li>• the janitors store and</li> <li>• furniture in bedrooms.</li> </ul> <hr/> <p><b>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.</b></p> <p>Ref: 2.0</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 27</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 5 March 2025</p>	<p>The registered person shall ensure the refurbishment plan includes the plans for repairs and projected timeframes to address: the smoke room and the outdoor area.</p> <hr/> <p><b>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.</b></p> <p>Ref: 2.0</p>

*\*Please ensure this document is completed in full and returned via the Web Portal\**



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