

Inspection Report

Name of Service: Stewart Lodge

Provider: Stewart Lodge

Date of Inspection: 15 April 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:	Stewart Lodge
Responsible Person:	Mrs Janet Stewart
Registered Manager:	Mrs Janet Stewart
Service Profile – This home is a registered residential care home which provides residential care for up to eight residents, or for residents living with dementia. Residents have access to the communal lounge, the dining room and an enclosed patio area.	

2.0 Inspection summary

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 April 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 established 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.

While we found care to be delivered in a safe and 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 carried over for review 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 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.

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. Comments included, "The food is good" and "We are well looked after." 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, "The care is good; I feel safe here. The food is good and the staff are attentive." Another resident said, "We are well cared for, my room is kept clean and tidy. There is plenty of choice, I have no concerns."

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.

A visiting professional spoke of how, "The residents are well cared for."

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

Residents said that there was enough staff on duty to help them. Staff said there was good teamwork 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.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

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 resident's 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.

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, 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.

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 board games, knitting club and bowls.

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 and regularly reviewed. One resident did have recorded weight loss. Whilst appropriate action was taken to manage this at the time, the care plan did not contain sufficient detail around the management of this. Another resident required pressure relieving equipment. The care plan again did not contain sufficient detail around pressure area management. An area for improvement was identified. 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 and residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

There was no functioning internal call bell system available for residents in the home. Following discussion with the manager, a manual system was put in place to ensure residents could summon assistance if required. The manager advised that she had been trying to arrange for the electronic system to be repaired for some time. An area for improvement was identified.

One of the toilet frames in a bathroom had rust on it, and the toilet brushes in the home were not of the air dry type. This was discussed with the manager who agreed to address this.

The first floor of the home, which was not used by residents, had mattresses and other items being stored there. RQIA requested the manager consult the home's Fire Risk Assessor (FRA) to review the fire load in the first floor of the home. Following the inspection this was completed and any remedial action was taken by the manager.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Janet Stewart has been the manager of this home since 1 April 2005.

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

The manager was not in the home on the day of the inspection and the inspector was unable to access governance records for the home. 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	0	5*

* the total number of areas for improvement includes two which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Claire Dunn, Person in Charge, as part of the inspection process. The timescales for completion commence from the date of inspection. Feedback was given to the Registered Manager on the telephone on the 16 April 2025.

Quality Improvement Plan	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard 30 Stated: Second time To be completed by: 5 September 2022	<p>The registered person shall review the audit process to ensure that all aspects of the management of medicines are regularly reviewed.</p> <p>Ref: 2.0</p> <hr/> <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>
Area for improvement 2 Ref: Standard 30 Stated: First time To be completed by: From the date of inspection onwards (5 August 2022)	<p>The registered person shall ensure obsolete and expired medicines are disposed of in a timely manner and records are maintained.</p> <p>Ref: 2.0</p> <hr/> <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>
Area for improvement 3 Ref: Standard 6.6 Stated: First time To be completed by: 1 June 2025	<p>The responsible person shall ensure that residents care plans reflect the resident's current needs. This is stated in reference to, the management of weight loss and the use of pressure relieving equipment.</p> <p>Ref 3.3.3</p> <hr/> <p>Response by registered person detailing the actions taken: The responsible person has ensured that residents care plans reflect residents current care needs.</p>
Area for improvement 4 Ref: Standard E8 Stated: First time To be completed by: 1 September 2025	<p>The registered person shall ensure that a working call bell system is in operation in the home.</p> <p>Ref 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: A completely new system has been installed in the Home.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 22.3</p> <p>Stated: First time</p> <p>To be completed by: 1 May 2025</p>	<p>The registered person shall ensure that records required under the Health and Personal Social Services (HPSS) Order 2003 (Regulations), are always available in the home for inspection by RQIA.</p> <p>Ref 3.3.5</p>
	<p>Response by registered person detailing the actions taken: All documentation is available.</p>

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



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