

# Inspection Report

**Name of Service:** Palmerston

**Provider:** Abbeyfield and Wesley Housing Association Limited

**Date of Inspection:** 1 May 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>	Abbeyfield and Wesley Housing Association Limited
<b>Responsible Individual:</b>	Mr Patrick Thompson
<b>Registered Manager:</b>	Carol Shields, not registered
<p><b>Service Profile –</b>  This home is a registered Residential Care Home which provides health and social care for up to 39 residents. The home is divided into two units over two floors, the Ellis unit and the Lewis unit. The Lewis unit provides care for those residents who have higher assessed needs.</p> <p>Residents’ bedrooms all have en suite facilities. Residents have access to communal lounges and dining rooms and an extensive enclosed garden area.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 1 May 2025, between 9.45 am and 5.30 pm 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 21 August 2024, and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found 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.

It was identified that the home was operating outside of their registration conditions. This was discussed in detail with the manager and the responsible individual (RI). It was agreed that the RI would submit a variation for review by RQIA. An area for improvement was identified.

As a result of this inspection two areas for improvement were assessed as having been addressed by the provider. Other areas for improvement 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 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 described staff as "excellent," residents spoken with said that they were happy living in Palmerston. Comments included, "everybody is happy here," and "it's a home from home." One resident said, "it is not institutionalised here, it's our home."

Residents told us that their relatives could visit whenever they wished and were always made feel welcome when they visited the home, discussion with visiting family members confirmed this.

Residents confirmed that they were able to choose how they spent their day. For example, one resident said, "you don't have to do things that you don't want to, you make the choice."

There was evidence that there was a range of activities offered to the residents regularly. Residents were observed to be engaging in meaningful activities and interacting with one another and with staff in a relaxed way.

One resident's relative said, "I love it here, it is the best thing that ever happened my relative."

A professional visiting the home said, "this is a lovely home, the staff are very caring"

One response was received from a family member, the respondent indicated that they were happy with the care provided in Palmerston and stated, "she is looked after very well."

No additional feedback was received from residents and there were no replies to the staff online survey.

### **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.

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

It was noted that some staff had not completed their mandatory Mental Capacity Act (MCA) or their dysphagia training evidence was provided post inspection that this training had been addressed, this will be reviewed at a future inspection.

#### **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 skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. For example, staff were observed chatting and joking with residents throughout the day.

Staff respected residents' privacy by their actions such as knocking on doors before entering and discussing residents' care in a confidential manner. It was observed that care was delivered in a sensitive and dignified manner.

Staff were observed offering residents' choice in how and where they spent their day or how they wanted to engage socially. Residents were observed to be enjoying one another's company in the lounge. Residents were also observed to be enjoying their own activity such as watching TV or reading the newspaper. There was a homely atmosphere.

The importance of engaging with residents was well understood by the manager and staff. Observation of the planned morning activity confirmed that staff knew and understood residents' preferences and wishes.

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, the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience.

Where a resident was at risk of falling, measures to minimise this risk of falls should be put in place. Examination of supplementary records showed gaps in post falls observations, this was discussed with the manager during feedback. An area for improvement was identified.

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

### 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, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Residents' en suites were supplied with wash hand basins and supplies of liquid soaps, however there were no disposable towels; this was discussed with the manager during feedback, the manager agreed to put a plan in place with staff to ensure that disposable towels were available for staff in all areas where personal care was delivered. An area for improvement was identified

Review of the home's environment evidenced that some parts of the home were showing signs of wear and tear. For example, flooring in identified en suites in the Ellis unit were in need of

replacing and a cracked handrail in one en suite also needed to be replaced. An area for improvement was identified.

Residents confirmed that their rooms were regularly cleaned and expressed no concerns with regards to the cleanliness in the home. One visiting relative said, “the domestic takes pride in his work, it is very clean.”

Shortfalls were identified in regard to the effective management of potential risk to residents’ health and wellbeing; specifically, sun cream was in one dining area and air freshener was located in a bedroom and prescribed creams in various en suites. An area for improvement was identified.

**3.3.5 Quality of Management Systems**

There has been a change in the management of the home since the last inspection. Mrs Carol Shields has been the manager in this home since March 2025. Mrs Shields has confirmed her intention to register with RQIA.

Residents, staff and relatives commented positively about the manager and described her as supportive and approachable.

Review of a sample of records evidenced that a 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 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
<b>Total number of Areas for Improvement</b>	3*	5*

\* the total number of areas for improvement includes one regulation and two standards that have been 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes 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> Second time</p> <p><b>To be completed by:</b> Ongoing from the date of inspection (18 November 2024)</p>	<p>The registered person shall implement a robust audit system which covers all aspects of the management of medicines. Any shortfalls identified should be detailed in an action plan and addressed.</p> <p>Ref: 2.0 &amp; 3.3.3</p>
	<p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 3 (3)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 21May 2025</p>	<p>The registered person shall ensure that at all times the home operates within its statement of purpose and registration.</p> <p>Ref: 2.0</p>
	<p><b>Response by registered person detailing the actions taken:</b> It is not uncommon for some residential admissions to subsequently develop a confirmed dementia diagnosis which poses a challenge in remaining within the registration numbers when the home is fully occupied. A variation to the registration was submitted on 23rd May 2025 to increase the number of dementia places.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 14 (2) (a)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 1 May 2025</p>	<p>The registered person shall ensure that all parts of the home to which residents have access, are free from hazards to their safety.</p> <p>Ref: 3.3.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> All staff have been advised to be vigilant of hazards around the home and to remove or move them to a safe place. Email to relatives to remind them not to bring in such items, i.e. air freshener, into the home without the knowledge of the management or senior staff.</p> <p>The home manager will monitor during daily walkaround in the home.</p>

<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b>	
<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Ongoing from the date of inspection (18 November 2024)</p>	<p>The registered person shall ensure care plans are in place for residents prescribed medicines for the management of distressed reactions. The reason for and outcome of administration should be consistently recorded.</p> <p>Ref: 2.0</p> <p><b>Action required to ensure compliance with this standard n was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Ongoing from the date of inspection (18 November 2024)</p>	<p>The registered person shall ensure that medicines that require cold storage are stored within the required temperature range of 2°C and 8°C and action is taken if the temperature of the medicines refrigerator deviates from this range.</p> <p>Ref: 2.0</p> <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><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Standard 8.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 April 2025</p>	<p>The registered person shall ensure that all records are kept up to date, legible and accurate. This area for improvement relates to post fall observation records.</p> <p>Ref: 3.3.2</p> <p><b>Response by registered person detailing the actions taken:</b> Staff reminded of protocols, systems are in place to monitor post falls observation. Records are now kept alongside the incident report of individual falls and can be accessed easily for reference. HM reviewing observations records on a regular basis.</p>
<p><b>Area for Improvement 4</b></p> <p><b>Ref:</b> Standard 27</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 July 2025</p>	<p>The registered person shall ensure that the areas identified at this inspection in regard to the home's environment are addressed.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> An inspection of flooring was carried out by the property manager with a view to creating an action plan for repairs. This may require void bedrooms to be put in place to decant residents while flooring in bedrooms is repaired. This will have to be phased in over a period of time. Other smaller works have already been addressed.</p>

<p><b>Area for Improvement 5</b></p> <p><b>Ref:</b> Standard 27</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 July 2025</p>	<p>The registered person shall ensure that disposable towels, are made available to staff in all areas where personal care is delivered.</p> <p>Ref: 3.3.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> The installation of paper towel dispensers was already planned prior to the inspection, however the wrong dispensers were delivered delaying implementation. This is being resolved and installation work will be scheduled in.</p>

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



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