



The Regulation and
Quality Improvement
Authority

Inspection Report

Name of Service: Rosevale Lodge

Provider: Healthcare Ireland No 2 Ltd

Date of Inspection: 30 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 No 2 Ltd
Responsible Individual:	Ms Amanda Mitchell
Registered Manager:	Mrs Cheryl Palmer
<p>Service Profile – This home is a registered nursing home, which provides nursing care for up to 32 patients. The nursing home is located on the ground floor of the building and there is a residential care home which occupies the first floor of the building</p> <p>The registered manager is responsible for managing both services.</p>	

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 14 August 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

It was evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care.

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.

As a result of this inspection two regulations and three standards identified for improvement regarding the environment, health and safety, notifiable events, care plans, cleanliness and use of rooms in the home, 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 patient'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

Patients spoken with told us the food was very nice and were observed to be relaxed and interacting with staff in a friendly and comfortable way.

Staff said they had no concerns about the care in the home, were well supported by the manager and received training for their roles on a regular basis.

We received one completed questionnaire following the inspection, which confirmed that a relative was happy that care was safe and described care as "excellent". The relative also said they felt that drinks needed to be provided for residents in the residents lounge. This feedback was shared with the manager for her review and action.

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.

Patients 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.

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

Staff said additional support was required during meal times and in the morning to allow staff to assist with patients' meals and personal care. This was discussed with the manager for her review.

Review of the staff duty rota identified that not all staff were included on the rota and the full names of staff were not always recorded. An area for improvement was identified.

A record was kept of supervision provided to staff for their roles. This evidenced that staff had not received individual supervision on a regular basis. An area for improvement was identified.

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 patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and routines,

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

It was observed that 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 were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

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 regularly and care records generally reflected the patients' assessed needs. One record showed repositioning was not recorded as planned. This was discussed with the manager for her action and will be reviewed at the next inspection.

Examination of care records confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, patients were referred to the Trust's Specialist Falls Service or their GP, or for physiotherapy.

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 served in the main dining room confirmed that food served smelt and looked appetising and nutritious. However, meal portions appeared small for those who were served in the dining room. This was discussed with the manager for her review. It was observed that the menu displayed was not up to date which may cause confusion for patients. An area for improvement was identified.

Observation of the planned one to one activity confirmed that staff knew and understood patients' preferences and wishes and helped patients to participate in planned activities or to remain in their bedroom with their chosen activity such as reading, listening to music or waiting for their visitors to come.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. The assessments reviewed for physical and social care needs had not all been completed and signed. This area for improvement has been stated for a second time.

Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

Patients care records were held confidentially.

Care records were reviewed and generally kept up to date to ensure they continued to meet the patients' needs, however, care records for wound care were not consistently recorded when dressings required renewal and related body maps did not have a recorded date. An area for improvement has been identified.

3.3.4 Quality and Management of Patients' Environment Control

The home was welcoming and tidy, and improvement had been seen in flooring quality and provision of appropriate chairs, however, additionally maintenance or repair was required to paint around sink walls, window handles, a chipped and peeling bath and a broken tile. An area for improvement was identified.

The dining rooms in the home were locked preventing patients from using this space. This was discussed with the manager for her action and will be reviewed at a future inspection.

Improvement was seen in the use of Personal Protective Equipment (PPE), such as gloves, however, hand washing was not always completed at appropriate times when required. Observation also identified staff were wearing nail polish and jewellery and mattress control boxes were stored on floors. One area for improvement has been stated for a second time and one new area for improvement has been identified.

An electrical switchboard was observed to be accessible in an unlocked storeroom. This was brought to the attention of staff for immediate action and this area for improvement has been stated for a second time.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Cheryl Palmer has been the manager in this home since 20 June 2023.

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

It was clear from the records examined that the manager had processes in place to monitor the quality of care and other services provided to patients.

A record of any complaint received by the home was kept and showed that complaints were addressed in a timely manner.

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*	8*

* the total number of areas for improvement includes one regulation and two standards that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Cheryl Palmer, 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 Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: Second time</p> <p>To be completed by: 30 July 2025</p>	<p>The Registered Person shall ensure the home is free from hazards and risks to patient health and safety. This is in relation to access to an electrical storeroom and out of date medication.</p> <p>Ref: 2.0 and 3.3.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager has discussed with staff, during team meetings and Safe Care Huddles, the importance of ensuring that all stores are kept locked at all times..</p> <p>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.</p> <p>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>Following a review of residents medication in the unit, there was no out of date medication noted or reported on the day of inspection, however all Registered Nurses have been reminded of their responsibility in monitoring medication expiry dates.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
<p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p> <p>To be completed by: 5 August 2025</p>	<p>The Registered Person shall ensure patients receive an individual assessment of all their care needs in a timely manner. This is in relation to physical and social needs, mobility and communication.</p> <p>Ref: 2.0 and 3.3.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Following the Inspection the identified physical and social needs assessment form was reviewed and has now been dated and signed by staff. During a team meeting all Registered Nurses have been reminded of their responsibility in ensuring all documentation is completed in a timely manner, and dated and signed by the person completing the assessment.</p>

	<p>Compliance with this will be monitored through the HCI Governance Framework audits.</p> <p>The Regional Manager spot check care records during the monthly Regulation 29 visit.</p> <p>Any areas of improvement observed are recorded within an action plan for Registered Nurses to complete within the specified timeframe.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 46</p> <p>Stated: Second time</p> <p>To be completed by: 30 July 2025</p>	<p>The Registered Person shall ensure staff change their gloves and adhere to safe hand hygiene practices to prevent the spread of infection.</p> <p>Ref: 2.0 and 3.3.4</p> <p>Response by registered person detailing the actions taken:</p> <p>Following the Inspection a safe care huddle was undertaken with staff focusing on hand hygiene and use of PPE. This has also be discussed at team meetings and spot checks are being completed by the Registered Manager and Deputy Manager during the daily walk round.</p> <p>Infection Control, Hand Hygiene and PPE Audits continue to be completed as directed within the HCI Governance Framework. Any areas for improvement identified will be addressed with the relevant staff.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2025</p>	<p>The Registered Person shall ensure all staff working in the home, including their full names, are included on the rota.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken:</p> <p>Following the Inspection the off duty rota has been reviewed and all staff working in the home are now included in this.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 40</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2025</p>	<p>The Registered Person shall ensure staff receive one to one individual supervision for their roles at least six monthly.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager has reviewed the Supervision Matrix and in addition to group supervisions, one to one individual supervision has now been completed for all staff</p>

<p>Area for improvement 5</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2025</p>	<p>The Registered Person shall ensure an accurate up to date menu is displayed to inform patients of the daily menu choices.</p> <p>Ref: 3.3.2</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>Following the Inspection the menu has been reviewed for this season and shared with residents. Staff have been reminded that they must ensure the menu display is updated each day. Spot checks are being carried out during the Registered Managers daily walk round to ensure the menu displayed is an accurate reflection of the meals being served on the day.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2025</p>	<p>The Registered Person shall ensure wound care records are accurately recorded including:</p> <ul style="list-style-type: none"> • the completion of wound assessment charts after each dressing • application of dressings as prescribed in care plan • body maps and photographs with correct dates. <p>Ref: 3.3.3</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>A full audit of all current wounds in the home has been completed and any deficits identified have been addressed and signed off.</p> <p>Completion of wound care documentation has been discussed at the Care & Clinical Governance meeting in which all Registered Nurses have been reminded of their responsibility to complete accurate, contemporaneous records.</p> <p>As part of the HCI Governance 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.</p> <p>All wounds are also reviewed by the Registered Manager or Deputy Manager when completing the weekly Resident at Risk Report.</p> <p>All Registered Nurses will review residents' wound care records and care plans following each dressing change or following any identified change to the residents plan of care.</p> <p>The Regional Manager will spot check wound care during the monthly Regulation 29 visit.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 44</p> <p>Stated: First time</p>	<p>The Registered Person shall ensure the home is appropriately maintained. This is in relation to broken window handles, chipped and peeling baths and a broken bathroom tile.</p> <p>Ref: 3.3.4</p>

<p>To be completed by: 30 September 2025</p>	<p>Response by registered person detailing the actions taken: The Registered Manager has completed a full review and all deficits have been reported to Estates for actioning.</p>
<p>Area for improvement 8 Ref: Standard 46 Stated: First time</p>	<p>The Registered Person shall ensure infection prevention and control (IPC) is maintained. This is in relation to the wearing of nail polish and jewellery. Ref: 3.3.4</p>
<p>To be completed by: 30 September 2025</p>	<p>Response by registered person detailing the actions taken: Following the Inspection a safe care huddle was undertaken with staff focusing on infection prevention and control. This has also be discussed at team meetings and spot checks are being completed by the Registered Manager and Deputy Manager during the daily walk round. All staff have signed a Personal Responsibility Statement statement to their job role which includes Infection Prevention and Control. At the time the deficits were identified during the Inspection appropriate action was taken with the staff who were not compliant.</p>

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