

Inspection Report

Name of Service: Rosemount Care Centre
Provider: Zest Investments (Portadown)
Date of Inspection: 16 September 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:	Zest Investments (Portadown)
Responsible Individual:	Mr Philip Scott
Registered Manager:	Mrs Patricia Purvis
<p>Service Profile – This home is a registered nursing home which provides nursing care for up to 41 patients. The home is divided into two units, Jasmine Unit and Sunflower Unit. Jasmine Unit provides care for up to 19 patients under the general category of care and Sunflower Unit provides care for up to 22 patients living with dementia. Both units are on a first floor level, with shared communal areas.</p> <p>There is a separate registered residential care home which occupies the same building and the registered manager for this home manages both services.</p>	

2.0 Inspection summary

This unannounced inspection took place on 16 September 2025, from 9.30am to 3.30pm. The inspection was conducted 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 the two areas of improvement identified by RQIA, during the last care inspection on 17 April 2024. These two previous areas of improvement were reviewed as met.

The inspection found that safe, effective and compassionate care was delivered to patients and 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 patients and the staff were knowledgeable and trained to deliver safe and effective care.

Patients were seen be comfortable, content and at ease in their environment and interactions with staff.

As a result of this inspection, two areas of improvement were made. Full details of this area of improvement 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 patients, 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. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

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

In accordance with their capabilities, patients said that they were well cared for, staff were kind and attentive, they enjoyed the meals and the atmosphere in the home was good. Some of the comments made included the following statements; "I haven't any complaints. All is very good.", "They (the staff) couldn't do enough for you here. It is excellent." and "I am glad to be telling you I am very good, everything is well and the staff are very good."

Staff spoke positively about their roles and duties, that there was good team working and morale and they received good training and managerial support. Staff also said that they felt the standard of care provided was very good.

No returned patient / representative questionnaires were received in time for inclusion to this report.

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. There was evidence of robust systems in place to manage staffing.

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. Staff responded promptly to call assistance alarms.

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

There was an effective system in place to manage the registration of nursing staff with the Nursing & Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC).

3.3.2 Quality of Life and Care Delivery

Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences. A daily safety brief / handover report is completed in an informative manner to compliment the verbal handover of information.

Staff interactions with patients were respectful, warm, polite and friendly.

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 patients choice in how and where they spent their day or how they wanted to engage socially with others.

Frailer patients were comfortable and seen to be regularly attended to.

Examination of care records and discussion with the staff 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, their GP, or for physiotherapy.

At times some patients may require the use of equipment or practices that could be considered restrictive such as a locked door facility, bed rails, alarm mats or CCTV in designated areas. Use of such equipment was reviewed on a monthly basis.

Aids and appliances, such as glasses and mobility aids were clean.

Patients may require special attention to skin care. These patients were assisted by staff to change their position regularly and care records reflected the patients' assessed needs.

Good nutrition and a positive dining experience are important to the health and social well-being of patients. Patients needed a range of support with their meal, including simple encouragement through to full assistance and their diets modified as assessed.

The dinnertime meal was appetising, wholesome and nicely presented. Choice of meal was in place. One patient said: "The food is delicious." Staff assistance and support was organised and unhurried. It was observed that patients were enjoying their meal and their dining experience.

Activities were in place for those patients who wished to partake in. The genre of music and television channels played was in keeping with patients' age group and tastes. The atmosphere and ambience was peaceful and relaxing.

3.3.3 Management of Care Records

The manager undertakes a preadmission assessment to ensure the needs of the potential patient of the home can be safely met in the home. Following the initial assessment care plans are developed to direct staff on how to meet patients' needs and will include any advice or recommendations made by other healthcare professionals.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Progress records were well written with issues of assessed need having a recorded statement of care / treatment given and effect of same.

An area of improvement was made for an identified patient's issue of assessed need to be reviewed more timely and in greater detail.

Patients' care records were stored safely and confidentially.

3.3.4 Quality and Management of Patients' Environment Control

The home was clean, tidy and well maintained. Patients' bedrooms were comfortable and suitably facilitated. Communal areas were nicely decorated, suitably furnished and comfortable. Toilets and bathrooms were clean and hygienic.

The grounds of the home were very well maintained with good accessibility for residents to avail of.

The home's most recent fire safety assessment was dated 26 November 2024. An area of improvement was made for a time bound action plan to be submitted to RQIA detailing how the remaining five of nine recommendations from this assessment will be dealt with.

Fire safety training, safety drills and safety checks in the environment were maintained on an up-to-date basis.

Cleaning chemicals were stored safely and securely.

Observations of care practices and review of records confirmed appropriate protocols were in place with infection prevention and control, including staff training in this area.

3.3.5 Quality of Management Systems

Mrs Patricia Purvis is the registered manager of the home. Staff spoke positively about the managerial support, saying that they would have no hesitation in reporting issues of concern and felt these would be dealt with appropriately.

Evidence was found to confirm patients felt safe and arrangements were in place to safeguard them and to protect them from harm.

There was evidence of auditing across various aspects of care and services provided by the home, such as environmental audits, care records and care needs.

Expressions of dissatisfaction were taken seriously and managed appropriately, with relevant records maintained.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified to all relevant stakeholders.

The home was visited each month by a representative of the Responsible Individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

4.0 Quality Improvement Plan/Areas for Improvement

Two 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	1

The two areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Patricia Purvis, Registered 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	
Area for improvement 1 Ref: Regulation 27(2)(4) (a) Stated: First time To be completed by: 17 October 2025	<p>The registered person shall submit to RQIA a time bound action plan detailing how the outstanding recommendations in the fire safety risk assessment dated 24 November 2024 will be dealt with.</p> <p>Ref:3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: The fire risk assessment actions have now been fully completed and signed off.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 17 Stated: First time To be completed by: 23 September 2025	<p>The registered person shall ensure the identified patient's issue of assessed need to be reviewed more timely and in greater detail.</p> <p>Ref: 3.3.3</p> <hr/> <p>Response by registered person detailing the actions taken: Following a MDT meeting the residents issue of assessed need has been reviewed and the associated care plan now reflects this and is updated in a timely manner.</p>

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



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