

Inspection Report

Name of Service: Rosedale

Provider: Northern Health and Social Care Trust

Date of Inspection: 6 November 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:	Northern HSC Trust
Responsible Individual:	Mrs Suzanne Pullins
Registered Manager:	Ms Geraldine Lindsay
<p>Service Profile – This home is a registered residential care home which provides health and social care for up to 38 residents. The home provides general health and social care for residents over 65 years of age and up to two residents with physical disabilities.</p> <p>There are a range of communal areas throughout the home.</p>	

2.0 Inspection summary

An unannounced inspection took place on 6 November 2025, between 9.15 am and 4.10 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 16 December 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 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 provided mixed feedback about their experiences residing in the home. Most of the residents spoken with said that living in the home was a good experience. Other comments and feedback are discussed further in the main body of the report.

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 all of the previous areas for improvement were assessed as having been addressed by the provider. 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. 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

Residents spoken with provided mixed feedback about their experiences residing in the home. Residents were mostly positive about care delivery. Some of the comments shared included, "staff are all very good and friendly" and "the food is excellent." Other less complimentary comments were shared by some residents regarding choice at mealtimes, staff and activity provision. The manager confirmed the actions taken to address these concerns and shared these with RQIA.

Resident questionnaires returned were positive about the care delivery in the home. Some of the comments shared included, "the staff will do their best to help us in any way they can" and "I feel safe in my environment."

A healthcare professional who was visiting the home at the time of this inspection provided positive feedback about the home. The healthcare professional said they visited the home regularly and found the care to be person centred with good opportunities for residents to get involved in activities and choose how they wished to spend their day.

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.

There was a system in place to ensure that all staff requiring to be registered with the Northern Ireland Social Care Council (NISCC) had this in place. A discussion took place with the manager to ensure the system evidences regular review of staff's registration to make this more robust. This will be reviewed at a future inspection.

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.

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. Throughout the day staff confirmed that they attended 'safety pauses' prior to mealtimes to ensure good communication across the team about changes in residents' needs.

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.

Staff were observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

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 a Deprivation of Liberty Safeguard (DoLS) tracker was in place to monitor those residents with a DoLS in place. A discussion took place with the manager to ensure this clearly identifies the type of DoLS in place. This will be reviewed at a future inspection.

Examination of care records and discussion with staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to their GP, or for physiotherapy.

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. Prior to the mealtime staff held a safety pause to consider those residents who required a modified diet.

The weekly programme of social events was displayed on the noticeboard and was visible to residents, staff and families to review, advising of future events.

There was mixed feedback from residents regarding access to activities. Some residents said the activities displayed on the noticeboard were not always reflective of what was taking place in the home. The details of this were shared with the manager for review and action as appropriate. Residents who preferred to engage in their own preferred choice of stimulation, for example; reading or watching television said they were supported by staff to do this.

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 mostly personalised, 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. Care records did not always evidence resident's engagement with activities. The details of this were shared with the manager and an area for improvement was identified.

3.3.4 Quality and Management of Residents' Environment

The home was warm and welcoming. Residents were seated comfortably across the building, for example; the main communal lounge or their bedrooms, dependent on their preferred choice. There was evidence of refurbishments required across the building, for example; carpet along the main walkways appeared tired and worn, as well as paintwork across the building. The manager confirmed that plans were in place for refurbishments to commence across the home. An area for improvement was identified.

Resident's bedrooms were generally warm and welcoming with some personalisation. There was access to kitchenettes in some of the residents rooms, the manager confirmed these are not in use.

It was observed that the cooking area in the home was left unsupervised during the inspection. This was addressed by staff at the time and an area for improvement was identified.

A Fire Risk Assessment was completed in the home on the 1 August 2025 by an accredited fire risk assessor. There was evidence of actions ongoing and being taken within the timeframes agreed by the fire risk assessor.

There was evidence of doors propped or wedged across the building. These were addressed at the time of the inspection. An area for improvement was identified.

Review of records and discussion with the manager confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home was safe to live in, work in and visit. For example, fire safety checks and water temperature checks.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Geraldine Lindsay has been the Registered Manager in this home since, 28 July 2025.

Residents and staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that systems 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/or the quality of services provided by the home. Environmental audits would benefit from further enhancement to include details of the rooms reviewed. The details of this were shared with the manager and will be reviewed at a future inspection.

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	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Geraldine Lindsay, 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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (4) (d) (i) Stated: First time To be completed by: 6 November 2025	<p>The Registered Person shall implement a system to monitor the operation of fire doors to ensure that the practice of wedging/propping these doors ceases and that this is embedded into staff practice.</p> <p>Ref: 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: Estates Minor Capital Works has been submitted for fitting of self-closing devices on identified fire doors to cease the wedging/propping of fire doors. In the interim period to ensure staff practices comply with fire regulations regarding wedging/propping fire doors the manager has carried out small supervision groups to raise staff awareness. Additional signage has been put on all doors to ensure staff compliance - doors not to be wedged open. Senior staff who complete routine daily walk abouts will include this in the checks.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 Ref: Standard 13.9 Stated: First time To be completed by: 6 November 2025	<p>The Registered Person shall ensure that a record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.</p> <p>Ref: 3.3.3</p> <hr/> <p>Response by registered person detailing the actions taken: Staff have been advised by manager how to accurately record activities on Epic. This will be monitored through weekly records checks.</p>
Area for improvement 2 Ref: Standard 27 Stated: First time To be completed by: 1 January 2026	<p>The Registered Person shall submit a time-bound rolling refurbishment plan to RQIA outlining the plans for repair across the home.</p> <p>Ref: 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: Refurbishment works are programmed for next year to be completed by end of March 2026, this will include a full redecoration where required and reflooring works.</p>

	Consultation in progress as Part of a Capital Scheme for a RQIA variation to be submitted for a planned refurbishment.
<p>Area for improvement 3</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: 6 November 2025</p>	<p>The Registered Person shall ensure there is adequate supervision in the kitchen area when appliances are in use.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: Kitchen staff have been made aware of designated break times and the need to ensure kitchen area is adequately supervised at all times. These are now implemented and monitored by the Registered Manager.</p>

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