The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Rosemary Lodge Care Home

Provider: Healthcare Ireland No 2 Ltd

Date of Inspection: 27 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:	Healthcare Ireland No 2 Ltd
Responsible Individual:	Ms Amanda Mitchell
Registered Manager:	Mrs Marie-Clare Kennedy
Service Profile: Rosemary Lodge Care Home is a residential care home registered to provide residential care for up to 45 residents with a range of needs. The home is situated over two floors and provides general health and social care for residents over and under 65 years of age, residents over 65 years of age with a mental health diagnosis, residents living with dementia and up to two residents with a learning disability. There is a range of communal areas throughout the home and residents have access to an enclosed garden.	

2.0 Inspection summary

An unannounced inspection took place on 27 November 2025, between 9.35 am and 5.00 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 19 February 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.
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 assessed as having been addressed by the provider. Three areas for improvement have been carried forward for review at a future medicines management 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. 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 mostly positive feedback about their experiences living in the home. Some of the comments shared included, "the staff are all excellent, very helpful" and "this place is very well run, there is lots of activities." Residents commented positively about the food and reported there is a range of activities that take place in the home.

Resident questionnaires were completed, and provided positive comments about care delivery in the home. Some of the comments shared included, "the care is outstanding and the staff go above and beyond."

A visitor to the home provided positive feedback about their loved one's experience in the home, some of the comments included "the care couldn't be better; there is good communication from the home. I observe good care, from the top down."

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 systems in place to manage staffing. A pre-employment checklist was in place however, this did not evidence that a full employment history had been provided prior to staff commencing work in the home. The details of this were shared with the manager and an area for improvement was identified.

Residents said that there was enough staff on duty to help them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. Staff said there was mostly good team work and that they felt well supported in their role.

There was mixed feedback received from staff about staffing levels in the home; staff mostly commented that there was enough staff to work in the home, but that this could be impacted upon by unplanned leave and changes in the needs of the residents. A discussion took place with the manager and assurances were provided that staffing levels in the home are kept under ongoing review to ensure there is enough staff on duty to meet the needs of the residents at all times.

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 confirmed they attended safety briefings and 'safety pauses' prior to mealtimes to ensure good communication across the team about changes in residents' needs.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

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 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 systems were in place to safeguard residents and to manage this aspect of care. A discussion took place with the manager who agreed to further enhance the current system to ensure this reflects liaison with the Trust regarding those residents who have emergency Deprivation of Liberty Safeguards (DoLS) in place. This will be reviewed at a future inspection.

Review of post falls documentation evidenced that post falls observations did not always clearly reflect the time that checks were completed. The details of this were shared with the manager to ensure these records are contemporaneous and an area for improvement was identified.

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

The dining experience was an opportunity for residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. Residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

The importance of engaging with residents was well understood by the manager and staff. Discussions with staff and residents confirmed that staff knew and understood residents' preferences and wishes and helped residents 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.

Staff understood that meaningful activity was not isolated to the planned social events or games. Arrangements were in place to meet residents' social, religious and spiritual needs within the home.

The weekly programme of social events was displayed on the noticeboard and shared with residents advising of future events.

Residents' needs were met through a range of individual and group activities such as, bingo, board games, arts and crafts, hairdressing, or listening to the radio. Residents mostly commented positively about activities in the home and said they were well informed on what was taking place and offered choice to engage with these. Those residents who preferred to remain in their rooms said they were supported with this and received frequent visits from staff.

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 person centred and stored securely to ensure confidentially.

There was evidence of risk assessments in place but some of these were duplicate copies with conflicting information; for example, moving and handling risk assessments. Confirmation was received in writing following the inspection that duplicate copies of risk assessments were removed where required. There was limited evidence that risk assessments were regularly reviewed to reflect changes in resident's needs, for example for falls and moving and handling. The details of this were shared with the manager and an area for improvement was identified.

Monthly weight records were not always evidenced as completed. The manager provided assurances these are completed and a monthly weights audit is in place. An area for improvement was identified.

Care staff recorded regular evaluations about the delivery of care. A discussion took place with the manager to ensure care plans are signed by residents or their relatives to evidence their input.

3.3.4 Quality and Management of Residents' Environment

The home was warm and welcoming. Residents were seated comfortably in communal areas across the home. There was evidence of refurbishments having taken place across the home, including paintwork and the replacement of furniture and flooring in resident's bedrooms; these works are continuing as part of a rolling refurbishment plan. There was evidence of the refurbishment plan being reviewed on a regular basis by the management team.

The flooring in the smoke room required repair/replacement. The manager confirmed that plans were in place for this to be replaced within two months from the inspection. This will be reviewed at a future inspection.

Resident's bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. There was evidence of some chairs in the lounge area becoming worn; the manager confirmed that plans are in place for these to be replaced as part of the rolling refurbishment plan.

Denture cleaning tablets and cleaning products were found accessible and were not securely stored in two resident's bedrooms. The details of this were shared with the manager for immediate action. Discussion with management established that individual residents had been assessed as able to safely manage these identified items. However, this had not been reflected in their individual care records. In addition, there was no evidence of a whole home risk assessment which considered the potential wider risks this may pose to other residents in the home. Two areas for improvement were identified.

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. Mrs Clare Kennedy has been the Registered Manager in this home since, 17 November 2022.

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

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/or 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
Total number of Areas for Improvement	5*	4

* the total number of areas for improvement includes three regulations that have been carried forward for review at a future medicines management inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Marie-Clare Kennedy, 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 13 (4) **Stated:** First time **To be completed by:** 7 August 2025	The Registered Person shall ensure that records of incoming medicines are accurately maintained. Ref: 2.0
	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.
Area for improvement 2 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 14 August 2025	The registered person shall ensure that medicine trolleys can be secured to the wall. Ref: 2.0
	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.
Area for improvement 3 **Ref:** Regulation 13 (4) **Stated:** First time	The registered person shall ensure that the management of controlled drugs is reviewed as detailed in the report. Ref: 2.0

To be completed by: 7 August 2025	**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.**
Area for improvement 4 **Ref:** Regulation 21 (1) (b) Schedule 2 (6) **Stated:** First time **To be completed by:** 27 November 2025	The Registered Person shall ensure that a full employment history is provided by staff which includes explanations for any gaps in employment. This must be in place prior to any staff member commencing work in the home. Ref: 3.3.1 **Response by registered person detailing the actions taken:** A new process has been put in place, which requires canditates to complete an employment history from 18 years onward. As part of the pre-employment check the home manager will review the person's employment prior to the person commencing post and any gaps will be explored and explanation recorded. All current staff will be asked to provide an update on their employment history from 18 years onwards. This will be retained in their personel file.
Area for improvement 5 **Ref:** Regulation 14 (2) (a) **Stated:** First time **To be completed by:** 27 November 2025	The Registered Person shall ensure there is a whole home risk assessment in place regarding the management of denture cleaning tablets and cleaning products. Ref: 3.3.4 **Response by registered person detailing the actions taken:** Whole home risk assessment in place for denture cleaning tablets, which has been reviewed and updated to include cleaning tablets and products which residents may hold in their room.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 **Ref:** Standard 8.5 **Stated:** First time **To be completed by:** 27 November 2025	The Registered Person shall ensure post falls documentation accurately reflects the times residents were checked following the fall. This is with specific reference to post falls observations. Ref: 3.3.2 **Response by registered person detailing the actions taken:** Refresher training has been provided to senior care assistants in relation to post fall documentation and the importance of accurate recording. The registered manager will review documentaion completion and address any deficits with indiviudal staff members through supervsion or the appropriate HR process.

Area for improvement 2 **Ref:** Standard 5.5 **Stated:** First time **To be completed by:** 27 November 2025	The Registered Person shall ensure that risk assessments are reviewed on a regular basis and reflect changes in resident's needs. This is with specific reference to moving and handling and falls risk assessments. Ref: 3.3.3
	Response by registered person detailing the actions taken: There is a monthly care file audit in place, which samples a 10% of resdients files. Care plan audit tracker in place for the registered manager to carry out spot check on resident files. Further checks will be carried out by Regional manager on their Reg 29 visits. All staff will have completed care plan refresher training by 31 January. Any deficits in care plan and monthtly evaluation will be addressed with individual staff members through supervision or the appropriate HR process.
Area for improvement 3 **Ref:** Standard 9.3 **Stated:** First time **To be completed by:** 27 November 2025	The Registered Person shall ensure that resident's weights are continually monitored and recorded. Ref: 3.3.3
	Response by registered person detailing the actions taken: Monthly weights are recorded on a matrix, and any one identified as losing weight is added to a weight loss matrix and any follow up action required is recorded on this. Any resident identified at risk of weight loss will have weekly weights completed. Any resident on a fortified diet or prescribed supplements is identified on the daily handover sheet. All staff have reminded that the each residents weight should be recorded in the monthly evaluation of their care records.
Area for improvement 4 **Ref:** Standard 6 **Stated:** First time **To be completed by:** 27 November 2025	The Registered Person shall ensure risk assessments and care plans are in place to clearly reflect the management of cleaning products and denture cleaning tablets for residents, were this is appropriate. Ref: 3.3.4
	Response by registered person detailing the actions taken: Individual risk assessment and care plan in place for all residents who use denture tablets. There is a individual risk assessment and care plan in place for the resident who purchases cleaning products for her room. The daily handover identifed the need for staff to monitor this residents purchases and ensure safely stored in a locked cupboard.

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