The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Stewart Lodge

Provider: Stewart Lodge

Date of Inspection: 12 January 2026

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:	Stewart Lodge
Responsible Individual:	Mrs Janet Stewart
Registered Manager:	Mrs Janet Stewart
Service Profile: Stewart Lodge is a registered residential care home which provides residential care for up to eight residents aged 65 years or older and residents living with dementia. Residents have access to the communal lounge, the dining room and an enclosed patio area.	

2.0 Inspection summary

An unannounced inspection took place on 12 January 2026, between 7.00 pm and 10.00pm by a care inspector.

RQIA received intelligence on 15 December 2025 from the South Eastern Health and Social Care Trust (SEHSCT), which raised concerns in relation to staffing levels at night. In addition to written assurances received from the Responsible Individual on 17 December 2025, RQIA decided to undertake an unannounced inspection, which focused on the concerns raised.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Residents said that living in the home was a good experience. Details and examples of the inspection findings can be found in the main body of the report.

As a result of this inspection, one area for improvement was met. Two areas for improvement were carried forward and will be reviewed at the next care inspection. Two areas for improvement will be reviewed at a future medicines management inspection. Full details, including a new area 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 spoke positively about life in the home. One resident told us, "I have no concerns over care. I have a pendant to call staff, I feel safe at night." Another resident said, "I have no concerns over the care at night. Staff come if I call for them, the staff are very attentive." Another resident commented, "Staff are excellent, it could not be better. Staff check on me during the night."

Residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

A relative spoke of how they had, "No concerns over the care in the home, the care is excellent!"

Residents told us that staff offered them choices throughout the day, which included preferences for getting up and going to bed, what clothes they wanted to wear and where and how they wished to spend their time.

Staff told us they checked on residents during the night and that they were content with the staffing levels in the home.

3.3 Inspection findings

3.3.1 Staffing Arrangements and Care delivery

The home is staffed by one 'sleep-in' member of staff from 9.00 pm to 8.00 am. Staff carry out a check on residents every 2-3 hours. Residents are also able to seek support from staff through the home's call bell system.

Residents said that there was enough staff on duty to help them.

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

Staff were 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 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 offered residents choice in how they wanted to spend their time.

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.

Care records evidenced regular review and evaluations about the delivery of care. Care plans were person centred and reflective of resident's preferred night time routines; and respectful of their choices, such as the level of support they wished to have from staff during the night. Records of any night time care or interventions by staff were well maintained.

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

The home's Statement of Purpose (SoP) states it caters for residents who have a low level of dependence; however, it did not explicitly reference the home's staffing levels and level of care provided at night. An area for improvement was identified.

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	3*	2*

* the total number of areas for improvement includes two regulations which are carried forward for review at a future medicines management inspection. Two standards are carried forward for review at the next care inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the person in charge, as part of the inspection process. The findings were also discussed with the Responsible Individual via telephone on 14 January 2026. 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:** 14 October 2025	The registered person shall ensure that the temperature of the medicine storage area is monitored and maintained at or below 25ºC. 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 October 2025	The registered person shall ensure that the management of medicine refrigerator temperatures is robust as detailed in the report. 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 3 (1) (a) (b) (c) **Stated:** First time **To be completed by:** 1 March 2026	The registered person shall ensure that the home's statement of purpose is updated to fully and accurately reflect the home's staffing levels and level of care provided at night. Ref: 3.3.1 **Response by registered person detailing the actions taken:** The Statement of Purpose has been updated to reflect staffing levels within the Home.

Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 **Ref:** Standard 6.6 **Stated:** First time	The responsible person shall ensure that resident's care plans reflect the resident's current needs. This is stated in reference to, the management of weight loss and the use of pressure relieving equipment. Ref: 2:0
To be completed by: 1 June 2025	**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.**
Area for improvement 2 **Ref:** Standard 22.3 **Stated:** First time **To be completed by:** 1 May 2025	The registered person shall ensure that records required under The Health and Personal Social Services (HPSS) Order 2003 (Regulations) are always available in the home for inspection by RQIA. Ref: 2.0
	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.

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

The Regulation and Quality Improvement Authority

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James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel: 028 9536 1111

Email: info@rqia.org.uk

Web: www.rqia.org.uk

Twitter: @RQIANews