The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Rose Court Residential Home

Provider: Kathryn Homes Ltd

Date of Inspection: 4 & 5 February 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:	Kathryn Homes Ltd
Responsible Individual:	Mrs Tracey Anderson
Registered Manager:	Miss Andrea Harkness

Service Profile –
This home is a registered Residential Care Home which provides health and social care for up to 82 residents. The home is divided into three units over two floors. The Maine unit is located on the ground floor; the Slemish and Galgorm units are both located on the first floor.

The Maine and Slemish units provide care for residents living with dementia. The Galgorm unit provides care for residents over 65 years of age and not falling within any other category of care.

Residents' bedrooms all have en suite facilities. Residents have access to communal lounges and dining rooms and an enclosed garden area.

There is a separately registered Nursing Home which occupies the same building.

2.0 Inspection summary

An unannounced inspection took place on 4 February 2026, between 10.00am and 4.00pm and on the 5 February, between 10.00am and 3.30pm 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 pharmacy inspection on 17 October 2024, and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

RQIA also received intelligence on 19 January 2026 which raised concerns in relation to the management of safeguarding, incident reporting, and modified diets. In response to this information RQIA decided to undertake an unannounced inspection which focused on the concerns raised. As a result of this inspection, the concerns raised were not substantiated at this time.

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 staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

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. 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.

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. Comments included, "The staff are excellent", and, "The staff are great and food is brilliant!" Residents who were less well able to share their views were observed to be at ease in the company of staff and to be content in their surroundings.

One resident told us, "I have no concerns over the care, the staff are attentive." Another resident said," The staff are fantastic and there is plenty of activities."

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 commented on how, “Communication with the home is excellent, the staff are brilliant!”

There was evidence of residents’ meetings which provided an opportunity for them to comment on aspects of the running of the home. For example, planning activities and menu choices.

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, food and drink options, and where and how they wished to spend their time.

No completed responses to the resident or relative questionnaires, or to the staff survey were received following the inspection.

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.

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.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day.

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 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.

It was observed that 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 resident 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 safe systems were in place to safeguard residents and to manage this aspect of care.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed.

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.

Staff spoke of the choice in the menu for residents, and how this was available for modified diets. Residents commented positively about the food provided in the home, and on the choice they had. The dining experience was an opportunity for residents to socialise, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. It was clear that 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. The daily menu and activity planner was not displayed in a dementia friendly format. An area for improvement was identified.

Arrangements were in place to meet residents' social, religious and spiritual needs within the home. Residents' needs were met through a range of individual and group activities such as current affairs, arts and crafts and musical activities.

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 person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. Care plans were not signed by residents or their representatives. An area for improvement was identified.

3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and well maintained. Resident's bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

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's was safe to live

in, work in and visit. For example, fire safety checks, resident call system checks, electrical installation checks and water temperature checks.

The need for the home to complete an environmental dementia audit to make the environment more supportive for the person living with dementia was discussed with the manager. An area for improvement was identified.

An electrical store was unlocked. This was brought to the staff's attention and was locked. An area for improvement was identified.

There was evidence 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. Miss Andrea Harkness has been the registered manager of the home since 4 April 2024.

Staff were aware of safeguarding processes in the home, and there was a high compliance with safeguarding training. Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. A senior manager is identified as the appointed safeguarding champion for the home.

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 residents. It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Staff were aware of their role in reporting incidents.

Residents spoken with said that they knew how to report any concerns or complaints and said they were confident that the manager would address these

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 the management team 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 14 (2)(a)(c) **Stated:** First time **To be completed by:** 4 February 2026	The registered person shall ensure that all parts of the home that the residents have access to are free from hazards to their safety. This is stated in relation to ensuring the electrical room is kept locked. Ref: 3.3.4 **Response by registered person detailing the actions taken:** Immediate action has been taken to ensure that the electrical room remains securely locked at all times to prevent unauthorised access. New automatic door closures have been put onto the doors to ensure they close behind anyone entering any rooms which are hazardous.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (version 1.1 Aug 2021)	
Area for improvement 1 **Ref:** Standard 12.4 &13.4 **Stated:** First time **To be completed by:** 1 March 2026	The Registered Person shall ensure that the activity planner and menu for residents is displayed in a dementia friendly format. Ref: 3.3.2 **Response by registered person detailing the actions taken:** New large boards have been ordered to allow activity planners and menus to be displayed in a larger more dementia friendly format. Daily menu and activities planners are displayed in all the units in the home in both a pictorial and written presentation. Home Manager and Deputy Manager will monitor these are update to date and accurate through walkabout audits. Regional Manager will monitor compliance during monthly monitoring visits.
Area for improvement 2 **Ref:** Standard 6.3 **Stated:** First time **To be completed by:** 1 March 2026	The Registered Person shall ensure that the resident or their representative signs their care plan. Ref:3.3.3 **Response by registered person detailing the actions taken:** The Registered Person will ensure that all residents or their representatives are actively involved in the development of their care plans.A new form has been commenced for residents/ representatives to sign to confirm agreement and participation. Regular audits will be implemented to monitor compliance and staff will receive guidance to ensure that all care plans are consistently signed.

Area for improvement 3 **Ref:** Standard 27 **Stated:** First time	The Registered Person shall ensure that a dementia audit of the environment is completed, to make the environment more supportive of residents living with dementia. Ref:3.3.4
To be completed by: 01 June 2026	**Response by registered person detailing the actions taken:** The Registered Person will ensure that a comprehensive dementia-friendly environmental audit is undertaken within the home to assess how well the environment supports residents living with dementia.Following completion of the audit, an action plan will be developed to address any identified improvements required, prioritising areas that will have the greatest impact on residents' wellbeing, independence and safety.The audit findings and resulting action plan will be reviewed regularly and progress will be monitored during monthly provider visits.

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The Regulation and Quality Improvement Authority

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