The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Rosevale Lodge**

Provider: **Healthcare Ireland No2 Ltd**

Date of Inspection: **11 March 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:	Healthcare Ireland No 2 Ltd
Responsible Individual/Responsible Person:	Ms Amanda Mitchell
Registered Manager:	Mrs Cheryl Palmer
Service Profile – This home is a registered residential care home which provides health and social care for up to 36 residents over 65 years of age, living with dementia or with a past or present alcohol dependence. There are a range of communal areas throughout the home and residents have access to an outdoor area. There is a separately registered nursing home which occupies the same building and the registered manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 11 March 2026, between 9.30 am to 3.50 pm by two care inspectors.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; to assess progress with the areas for improvement identified, by RQIA, during the last care 28 January 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

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 unable to voice their opinions were observed to be comfortable in their surroundings and in their interactions with staff. Residents who were able to express their views reported that they found living in the home a good experience.
As a result of this inspection four 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 resident's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review 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 living in the home and the staff caring for them with comments such as '…I am happy…, 'The staff are lovely…' and 'I enjoy my meals'.

Residents told us that staff offered choices to residents throughout the day which included what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time. Residents said they could engage in the activity for the day, or spend time with their visitors or watching television in their bedroom.

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 a system in place to manage staffing. Advice was provided on the need to update the manager's recruitment checklist to ensure robust oversight that staffs right to work in the UK documentation remained up to date.

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 good team work and that they felt well supported in their role and that they were satisfied with the staffing levels. Staff were visible during the inspection, delivering care and engaging residents in meaningful activity.

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. For example, staff were respectful and skilled in redirecting, orientating and reassuring residents who were displaying confusion and disorientation.

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.

Residents may require special attention to their skin care. Residents received input from the District Nurse if required. There was evidence of skin care audits in place and a system to ensure that any changes in a residents skin integrity was escalated to the appropriate service.

Where a resident was at risk of falling, measures to reduce this risk were put in place. For example, referrals were made to the specialist team or other healthcare professionals as required.

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. There was evidence of good communication with staff about changes in residents' needs. For example, staff attended 'safety pauses' prior to mealtimes.

Observation of the lunch time meal, review of records and discussion with residents, staff and the manager indicated that there were systems in place to manage residents' nutrition and mealtime experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. Residents could choose whether to enjoy their meals in one of two dining rooms or in their bedrooms.

The menu board in dining room one was obstructed by curtains and it was not reflective of the meals being served on that day. In addition, the photographs of food did not match the written information about the meal. It was also noted that the meal board was not clear and user friendly for those residents with a cognitive impairment. Dining room two showed similar findings with the menu not being reflective of the meals served on the day. One resident reported that the 'board is never correct…'. An area for improvement has been identified.

The importance of engaging with residents was well understood by the manager and staff. Life story work with residents and their families helped to increase staff knowledge of their residents' interests and enabled staff to engage in a more meaningful way with their residents throughout the day.

Residents' needs were met through a range of individual and group activities. The activities planned for the day were 1-1 time and an afternoon movie. There was a dedicated activities co-ordinator on duty who was observed interacting with residents. Staff understood that meaningful activity was not isolated to the planned social events or games as residents were supported to choose and engage in individual activities such as knitting, spending time in their own rooms and watching television.

It was noted that there are regular relative and resident meetings scheduled where feedback regarding activities and other matters within the home can be discussed. However; there was limited evidence of feedback from residents and relatives being followed up or an action plan being considered. This was highlighted to the manager for review.

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. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

3.3.4 Quality and Management of Residents' Environment

The home was tidy and well maintained. For example, most residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, warm and comfortable. It was noted from the last inspection that progress had been made with the home's on-going refurbishment plan.

Relatives and staff noted the positive impact the newly appointed maintenance person had on the environment, in terms of general upkeep and the improvements made in the shared courtyard. These compliments were shared with the staff member and manager on the day of inspection.

However; some of the residents' seating and an alarm mat was observed to be unclean or stained. In addition, the lap belt used for residents' safety on the bath chair in a communal bathroom was soiled. Three bedrooms and one communal area was malodourous. An area for improvement was identified.

It was evident that the home's environment had been considered for those experiencing dementia, with orientation pictures and photos of local area. Pictures and names of residents were on their bedroom doors to orientate them to their own room. However, it was noted that the orientation clock outside the staff office was not at the correct time; this was highlighted to the manager for action.

Prescribed topical creams were not securely stored and were found unattended on a trolley outside a communal sitting room. An area for improvement was identified.

Toiletries, food and drinks, which may be a hazard to some residents, were easily accessed in a number of the resident's bedrooms. An area for improvement was identified.

The most recent fire risk assessment was completed in 2025. The risk level was assessed as tolerable and there was evidence that the home's management had taken action to address any points raised by the fire risk assessor.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Cheryl Palmer has been the Manager of the home since 20 June 2023.

Residents, relatives and staff commented positively about the management team and described them as supportive and approachable.

Residents and their relatives said that they knew who to approach if they had a complaint. There was a record of complaints held within the home with evidence of action plans and outcomes.

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 management team responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment or the quality of services provided by the home.

It was positive to note that the home's deputy manager is currently undertaking the 'My Home Life' program to further develop their skills and share their learning with the wider team.

Some staff annual appraisals were overdue. 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	2	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Cheryl Palmer, 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)(a) **Stated:** First Time **To be completed by:** 11 March 2026	The registered person shall ensure that any medicines kept in the home are stored securely. Ref: 3.3.4
	Response by registered person detailing the actions taken: This area for improvement relates to storage of creams and following the Inspection new locks have been fitted to each residents vanity units where all creams will be stored with the exception of those requiring refridgeration. A Supervision was completed with all care staff to remind them of the importance of ensuring all creams are safely stored. The Registered Manager will spot check that all creams are securely stored during the Daily Walkround. If identified appropriate action will be taken with relevant staff.

Area for improvement 2 **Ref:** Regulation 14 (1) (a) **Stated:** First time **To be completed by:** 11 March 2026	The registered person shall ensure as far as reasonably practical that all parts of the residential care home to which residents have access to are free from hazards to their safety, namely; • Food, fluids and toiletries in residents' bedrooms Ref: 3.3.4
	Response by registered person detailing the actions taken: Following the Inspection new locks have been fitted to the vanity units in each residents bedroom, this ensures the safe storage of residents toiletries. A risk assessment was undertaken and currently there are no residents prescribed thickened fluids, if this changes the risk assessment will be reviewed and updated. A Supervision was completed with all care staff to remind them of the importance of ensuring all toiletries are safely stored. The Registered Manager will monitor this during the Daily Walkround.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 **Ref:** Standard 12.4 **Stated:** First time **To be completed by:** 11 March 2026	The registered person shall ensure that the daily menu is displayed in a suitable format and in an appropriate location for residents at each meal time. Ref: 3.3.2
	Response by registered person detailing the actions taken: The Menu Display Board is now fully visible to all residents in a suitable format which residents have confirmed they can view. This is updated daily with the menu for the day. The SCA in Charge will check daily to ensure the correct menu is displayed and visible for all residents.
Area for improvement 2 **Ref:** Standard 24.5 **Stated:** First time **To be completed by:** 11 June 2026	The Registered Person shall ensure staff have a recorded annual appraisal with their line manager yearly. Ref: 3.3.5
	Response by registered person detailing the actions taken: The Appraisal Matrix is in place and has been updated to reflect all Appraisals to date. This matrix highlights when an Annual Appriasal is due and going forward the Registered Manager will ensure these are completed within the required timeframe. The Regional Manager will spot check the matrix during the monthly Regulation 29 visit.

Area for improvement 3 **Ref:** Standard 27.1 **Stated:** First time **To be completed by:** 11 May 2026	The registered person shall ensure that the building is kept clean and hygienic at all times ensuring; • regular cleaning of chairs and equipment used by residents including bath seats, lap belts and alarm mats. Ref: 3.3.4
	Response by registered person detailing the actions taken: Following the Inspection the baths which are not used by residents were reviewed and the lap belts which were fixed to the bath hoist chair were removed and cleaned along with the bath seats. The Housekeeper has reminded the Domestic Team of the importance of ensuring all equipment even that which is not used must be thoroughly cleaned. Domestic staff clean all chairs and alarm mats daily, unfortunately on the day of Inspection when these items were reviewed by the Inspector before the daily cleaning for that day had not been completed. The Registered Manager reviewed the identified areas for improvement immediately following the Inspection and the alarm mat and chairs were confirmed as having been cleaned. The Registered Manager will monitor the environment during the Daily Walkround.

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