The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Palmerston**

Provider: **Abbeyfield and Wesley Housing Association**

Date of Inspection: **20 April 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:	Abbeyfield and Wesley Housing Association
Responsible Individual:	Mr. Patrick Thompson
Registered Manager:	Mrs Emma Laughlin, not registered

Service Profile –

This home is a registered Residential Care Home, which provides health and social care for up to 39 residents living with dementia. The home is divided into two units over two floors, the Ellis unit and the Lewis unit. The Lewis unit provides care for those residents who have higher assessed needs.

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

2.0 Inspection summary

An unannounced inspection took place on 20 April 2026, between 9.45 am and 5.20 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 1 May 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective, 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 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.

As a result of this inspection, four areas for improvement were assessed as having been addressed by the provider and one area for improvement has been stated again. 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 said that the staff were "Lovely". Comments included, "It's a home from home," "Absolutely first class, staff are very good," and "It's very nice, very pleasant here."

One relative spoken with said, "We are really happy," a second relative said, "They are always very welcoming, the staff are very friendly and caring."

Staff said that they enjoyed working in Palmerston, staff said; "I love working here," and "We are well staffed and well supported."

Staff spoken with highlighted the importance of the activities on the home. One staff member said, "The activities are a lot better now, they are really important for the residents."

One questionnaire was received following the inspection; the respondent indicated that they were happy with the care provided in the home; they commented that they "have faith in the care staff to have their relatives' wellbeing and safety at the forefront". The respondent also indicated that they felt that there could be more activities in the home, this was shared with the management team.

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 teamwork, that they felt well supported in their role, and that they were satisfied with the staffing levels. Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty.

The duty rota did not reflect the staff working in the homes on a daily basis, for example, the deputy managers' hours where not detailed on the duty rota, in addition, the person in charge of the home in the absence of the manager had not been highlighted. An area for improvement was identified.

There were no person in charge competency assessments in place, for those staff left in charge of the home in the absence of the manager. An area for improvement was identified.

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 residents' choice in how and where they spent their day or how they wanted to engage socially with others.

There was evidence that residents were encouraged to participate in regular 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.

Examination of care records and discussion with staff and the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed.

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 to full assistance from staff and the diet modified.

Observation of the lunchtime meal confirmed that enough staff were present to support residents with their meal.

Staff understood that meaningful activity was not isolated to the planned social events or games. Observation of the morning activity included a game of musical bingo, evidenced that residents were happy to join in and were enjoying the interactions. An activities schedule was in place for residents to take part in if they wished to do so. Some relatives commented on the need for more activities for residents, a new activities co-ordinator has recently started working in the home and activities are now being planned on a regular basis.

Arrangements were in place to meet residents' social, religious and spiritual needs within the home.

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.

Care plan in relation to Deprivation of Liberty Safeguards (DoLS) were in place for those residents requiring extra support. One of the care plans viewed lacked the necessary detail to direct staff on the care needed for resident. This was discussed with the manager who agreed to review these care plans and add the necessary detail. This will be reviewed at a future inspection.

3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. It was positive to see that the areas identified during the last inspection had been addressed and new flooring had been supplied in residents' en-suites.

Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. Some walls throughout the home were slightly marked, this was discussed during feedback and assurances were provided that this would be addressed.

The home was designed to support residents living with dementia. For example, the home was well lit with contrasting colours throughout. The communal areas and bedrooms were spacious which ensured that residents could navigate the home safely.

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 and resident call system checks.

Shortfalls were identified concerning the effective management of potential risk to residents' health and wellbeing. Steradent denture cleaning tablets, barrier creams and ointments were found in unlocked cabinets in residents' en-suite bathrooms. An area for improvement was stated for a second time.

Some PPE in use, namely vinyl gloves, were not indicated for use in a healthcare setting. Best practice guidance was discussed with the manager during the inspection. Assurances were provided that the use of incorrect PPE would be addressed.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Emma Laughlin has been the acting manager in this home since 19 February 2026.

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 her and took measures to improve practice, the environment and/or the quality of services provided by the home.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. Areas for improvement were identified during these monthly monitoring visits; however, there was no evidence of an action plan and these areas for improvement were not reviewed during the following visit. This made it unclear as to whether they had been addressed or not. 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*	2

* the total number of areas for improvement includes one regulation that has been stated for a second time.

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) **Stated:** Second time **To be completed by:** 1 May 2025	The registered person shall ensure that all parts of the home to which residents have access, are free from hazards to their safety. Ref: 2.0 & 3.3.4 **Response by registered person detailing the actions taken:** The association always strives to ensure that such hazards are stored securely. The lockable bathroom cabinets will all be checked to ensure locks are working. Senior staff to remind key workers to always return relevant products to secure locations. Management will carry out spot-checks to ensure adherence to the regulation.
Area for improvement 2 **Ref:** Regulation 29 **Stated:** First time **To be completed by:** 30 April 2026	The Registered person shall ensure that any actions identified during the monthly monitoring process are listed in an action plan, and this this is regularly reviewed. Ref: 3.3.5 **Response by registered person detailing the actions taken:** Actions and progress will be clearly noted going forward.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 **Ref:** Standard 25.6 **Stated:** First time **To be completed by:** 20 April 2026	The Registered Person shall ensure that the off duty is reflective of all staff working in the home and the capacity in which they worked. Ref: 3.3.1 **Response by registered person detailing the actions taken:** Rotas have and will be checked for accuracy. Person in charge will be indentified in the rota.
Area for improvement 2 **Ref:** Standard 25.3 **Stated:** First time **To be completed by:** 30 April 2026	The registered person must ensure that there is a person in charge competency assessment carried out for all staff who have the responsibility for taking charge of the home in the absence of the manager. Ref: 3.3.1 **Response by registered person detailing the actions taken:** New compency assessments have been carried out for all senior staff who will be the person in charge on shifts.

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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