

Inspection Report

Name of Service:	Rose Court Nursing Home
Provider:	Healthcare Ireland (Belfast) Limited
Date of Inspection:	17 June 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 (Belfast) Limited
Responsible Individual:	Ms Andrea Louise Campbell
Registered Manager:	Miss Andrea Harkness
Service Profile: This home is a registered nursing home which provides nursing care for up to 18 patients living with dementia. The Braid unit is situated on the ground floor of a two storey building and has its own communal lounge and dining area and access to a mature secure garden. The building is shared by a registered residential care home which occupies another part of the ground floor and the first floor of the building. The nursing home's registered manager is also the registered manager for the residential care home.	

2.0 Inspection summary

An unannounced inspection took place on 17 June 2026 from 9:45am to 2:20pm by a care inspector.

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 inspection on 24 June 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection evidenced that safe, effective, compassionate care was delivered to patients, 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 patients and that staff were knowledgeable and well trained to deliver safe and effective care.

Patients said that living in the home was a good experience and that staff were attentive and kind. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

As a result of this inspection, all of the previous areas for improvement identified in June 2025 were assessed as having been addressed by the provider and no new areas for improvement were identified. One area for improvement relating to the recent medicines management inspection in April 2026 has been carried forward. Details can be found in the main body of this report and in the quality improvement plan attached (QIP).

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 patients, 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

3.3 Inspection findings

Patients spoken with said that they felt well cared for. Others who were unable to express their opinions were seen to be relaxed in their interactions with staff.

No patient or relative questionnaires were returned within the timescale set. Any that are received after this date will be followed up with the manager.

Staff spoken with confirmed how long they had worked in the home. Some had just started, some were bank staff and others had worked in the home for at least 10 years. All of the staff spoke positively about their work, the support from their manager and colleagues and the training they had been provided with. Staff said they worked well as a team and believed they delivered good care for their patients.

There was one staff response to the survey within the timescale set. While the person did not complete all of the questions asked they did indicate their dissatisfaction with staffing

arrangements particularly over the night time period. The inspection did not identify any indication of the concerns raised by the respondent but details were discussed with the manager who agreed to review the matter.

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 patients. There was evidence of robust systems in place to manage staffing.

Staff said there was good teamwork and that they were satisfied with the staffing levels.

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

3.3.2 Quality of Life and Care Delivery

Staff were knowledgeable of individual patient's needs, their daily routine as well as their wishes and preferences. Staff were skilled in communicating with patients demonstrating respect, understanding and compassion.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering and by offering personal care to patients discreetly. Staff were prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known.

At times, some patients 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 patients and to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records accurately reflected the patients' assessed needs and the care delivered.

Where a patient was at risk of falling, measures to reduce this risk were in place. For example, level floor, good lighting, and support from staff for those patients who required it to mobilise. There was evidence of effective monitoring systems in place to review the number and frequency of falls occurring in the home. These reviews are necessary to establish any patterns or trends that may be emerging or that require adjustments to daily practice, referral to other healthcare professionals or to the environment.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

The dining experience over lunchtime was relaxed and an opportunity for patients to socialise; music was playing softly, and the atmosphere was calm, relaxed and unhurried. The meal served smelt and looked tasty and patients were able to choose which meal choice they preferred.

The nurse in charge was present in the dining room during the serving of the meal; an experienced care assistant was overseeing the serving of the meal. This staff member was observed responding to requests/queries from both patients and staff. It was clear that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

An activity planner was displayed setting out various events over the incoming week. Care staff were seen to support patients to enjoy their activity. It was good to see that the care staff on duty clearly understood the importance of meaningful engagement with the patients and knew how and when to 'adapt' activities to meet the patients' emotional needs as well as their physical capabilities.

3.3.3 Management of Care Records

Review of a sample of care records evidenced that there were robust systems in place to ensure care records were person centred, reflected the patients' care needs and the care delivered to them daily. Nursing staff regularly reviewed and updated care records to ensure they continued to meet the patients' needs; and to record their evaluation of the care delivered and/or any actions required.

3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and well maintained with systems in place to manage the quality of the home's environment were effective.

Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. Where possible patients' bedrooms included personal and 'homely touches' that held important memories for the patient.

3.3.5 Quality of Management Systems

Miss Andrea Harkness remains as the registered manager for the home since January 2025. However, in March 2026 the ownership of the home changed and a new provider was registered with RQIA. The manager confirmed that new systems and processes had been put in place but felt that these had had a positive impact on how she collated and reported information to her line manager/head office. Staff uniforms and badges had been ordered and some of the paperwork still required to be changed. Staff commented that overall they had seen very little change as their manager had remained the same.

Staff commented positively about the manager and the management team and described them as supportive, approachable and able to provide guidance and reassurance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager and the senior management team responded to any concerns raised with them 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	0	1*

* The total number of areas for improvement includes one area for improvement that has been carried forward for review at the next inspection.

This inspection resulted in no new areas for improvement identified.

Findings of the inspection were discussed with Miss Andrea Harkness, Manager, and the regional manager as part of the inspection process.

Quality Improvement Plan	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 28 Stated: First time To be completed by: 16 April 2026	The registered person shall ensure that currently prescribed and in date medicines are not disposed of unnecessarily to prevent wastage. 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.



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