

Inspection Report

Name of Service:	Rosevale Lodge
Provider:	Healthcare Ireland No 2 Ltd
Date of Inspection:	29 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 No 2 Ltd
Responsible Individual:	Ms Amanda Mitchell
Registered Manager:	Mrs Cheryl Palmer
Service Profile – This home is a registered nursing home, which provides nursing care for up to 32 patients living with dementia. There is a range of communal areas throughout the home and patients have access to an enclosed garden.	

2.0 Inspection summary

An unannounced inspection took place on 29 June 2026, from 9.35 am to 4.35 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 pharmacy inspection on 2 April 2026; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and 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. Patients 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 eight areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next inspection.

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 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.

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

Patients spoken with said the food was very nice. Patients were observed to be at ease in the company of staff and other patients. Patients and staff interactions were warm and friendly.

A relative spoken with said they were happy with the care provided; the staffing levels and had no concerns.

A visitor's questionnaire returned confirmed that they were very satisfied with the environment, felt their relative was safe and had no concerns about the care provided.

Staff were complimentary about the support from the manager, the training and induction provided and had no concerns about staffing levels or care practices in the home.

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

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day. For example, spending time in their rooms or taking part in the daily activities.

Review of the system to manage the registration of nurses and care staff evidenced that staff were appropriately registered with either the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

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 patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences. Throughout the day observation confirmed that staff attended 'safety pauses' prior to mealtimes to ensure good communication across the team about changes in patients' needs.

Staff were observed to be 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. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

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.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, mobility aids or staff supervision.

Examination of care records 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 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.

Observation of the lunchtime meal, review of records and discussion with patients, staff and the manager confirmed that there were robust systems in place to manage patients' nutrition and mealtime experience.

Staff understood that meaningful activity was not isolated to the planned social events or games. Arrangements were in place to meet patients' social, religious and spiritual needs within the home.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

Patients care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

3.3.4 Quality and Management of Patients' Environment

The home was tidy and well maintained. For example, patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Observation of a sample of rooms in the home identified some cleanliness issues, which required addressing, including bedroom sinks, a toilet roll dispenser and a pressure relieving mattress control box sitting on a floor. An area for improvement was identified.

Fluid thickening powder was left unattended during the lunchtime meal in an area accessible by patients. This was brought to the attention of staff for their immediate action and this an area for improvement was identified.

Staff were observed not completing hand hygiene correctly or at appropriate times during the lunchtime meal. This area for improvement has been stated for a third time.

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 in this home since 20 June 2023.

Patients and staff commented positively about the manager and described her as encouraging, approachable and able to provide direction.

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 patients. The actions required as a result of care plan audit were not always signed on completion. This was discussed with the management team and will be reviewed at a future inspection.

A record was kept of the compliments received in the home regarding the care provided to patients. This was shared with staff.

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	2*

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

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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14 (2) (a) Stated: First time To be completed by: 29 June 2026	The Registered Person shall ensure the home is free from hazards and risks to patient health and safety. This is in relation to access to fluid thickening powders. Ref: 3.3.4 Response by registered person detailing the actions taken: A tin of thickening powder had been left on top of the meal trolley outside of the dining room door while lunch was being served. Staff were in and out of the dining room thickening fluids. A safe care huddle was completed with all staff to remind them that fluid thickening powders should be within staff visibility when in use. The home manager and deputy manager will continue to complete daily spot checks
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 46 Stated: Third time To be completed by: 30 June 2026	The Registered Person shall ensure staff change their gloves and adhere to safe hand hygiene practices to prevent the spread of infection. Ref: 2.0 and 3.3.4 Response by registered person detailing the actions taken: Gloves are not used during meal times. Two sanitising units have now been erected in both dining rooms. Staff have been reminded to sanitise their hands between serving meals to residents and cleaning their faces after meal times. The home manager and deputy manager will complete daily spot checks
Area for improvement 2 Ref: Standard 44.1 Stated: First time To be completed by: 30 June 2025	The Registered Person shall ensure the home is kept clean and hygienic at all times. This is in relation to unclean bedroom sinks, a toilet roll dispenser and a pressure relieving mattress control box sitting on a floor. Ref: 3.3.4 Response by registered person detailing the actions taken: The identified toilet roll dispenser was immediately cleaned underneath when it was highlighted. The housekeeper and home manager will continue to complete daily walkarounds and

	spot checks. A supervision was undertaken with the domestic staff. The pressure relieving mattress control box was removed from the floor and safely secured
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