

Inspection Report

Name of Service: Chestnut Lodge

Provider: Healthcare Ireland No 2 Ltd

Date of Inspection: 22 July 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:	Miss Judith Gumbo – registration pending
Service Profile: This home is a registered nursing home which provides nursing care for up to 40 patients; a maximum of 20 patients living with dementia; 17 patients in frail elderly over 65 years of age; and 3 patients with physical disability under 65 years of age. Bedrooms and living areas are located over two floors with access to communal lounges, dining areas and outdoor spaces.	

2.0 Inspection summary

An unannounced inspection took place on 22 July 2026, between 9.30 am and 6.15 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 23 October 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 compassionate care was delivered and it was evident that staff promoted the dignity and well-being of patients. Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be well presented, 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 four areas for improvement were assessed as having been addressed by the provider. Two areas for improvement have been stated for the second time and one area for improvement has been stated for a third time. 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. 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

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "I am very happy here", "The staff are all very nice", "I couldn't say a bad word about them", "I feel very safe here" and "The staff are all great here".

Staff said the manager was very approachable, teamwork was great and that they felt well supported in their role. Staff comments included: "Great support from management", "I really enjoy working here", "Good staff morale" and "Staffing levels are good".

The inspector spoke with one relative during the inspection who was satisfied with the overall delivery of care. Comments included: "The staff are very friendly and welcoming", "My (relative) is getting good care", "The staff are very good at communicating anything regarding my (relative's) care" and "No concerns".

One response was received from the online survey from a staff member. The respondent was dissatisfied with certain aspects of care delivery and management oversight. Details were shared with senior management within Health Care Ireland for their review and to provide a response to any action taken as necessary.

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 staff were very attentive. 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.

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 interactions with patients were observed to be polite, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patients' needs, their daily routine, wishes and preferences.

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 patients 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 to keep them safe. Whilst it was established that safe systems were in place to safeguard patients and to manage this aspect of care, a number of patients who had a Deprivation of Liberty Safeguards (DoLS) authorisation in place were not included on the home's register. An area for improvement was identified.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly. Review of a sample of patient care records evidenced that these were well completed.

Where a patient was assessed as being at risk of falls, measures to reduce this risk had been put in place.

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. A meal time co-ordinator was allocated to oversee the correct delivery of meals to patients and a menu offering a choice of two meals was on display within each dining room.

The dining experience was an opportunity for patients to socialise, and the atmosphere was calm, relaxed and unhurried.

Patients commented positively about the food provided within the home with comments such as: “Great food”, “We get a good selection of food” and “The food is nice”.

The importance of engaging with patients was well understood by the manager and staff. A schedule of activities was on display within the home offering a range of individual and group activities such as bingo, arts and crafts, music and exercises.

The activity coordinator was very enthusiastic in her role and was observed positively engaging with patients and encouraging them to participate in activities. Skittles and balloon therapy were provided in the morning and a game of bow and arrow was provided in the afternoon.

Patients commented positively regarding the activities provided within the home and were seen to be content and settled in their surroundings and in their interactions with staff. Comments included: “There is always something to do”, “The activities are very good here”, “I really enjoy the activities here” and “The staff are all great here”.

Some patients were engaged in their own activities such as; watching TV, resting or chatting to staff and 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.

Whilst care records were person centred, regularly reviewed and updated; a number of care plans had not been implemented to reflect relevant medical conditions. An area for improvement has been stated for a second time.

Nursing staff recorded regular evaluations about the delivery of care. Patients care records were held confidentially within the home.

3.3.4 Quality and Management of Patients’ Environment

The home was clean, neat and tidy and whilst some patients’ bedrooms were personalised with items important to the patient; a number of bedrooms lacked character. This was discussed with the management team who advised that they were in the process of having this reviewed.

Whilst the home was clean and tidy, a malodour was evident within two identified communal toilet/shower rooms. This was discussed with the management team and following the inspection, written confirmation was received that relevant action had been taken to address this.

Review of a sample of communal toilets, shower rooms and bathrooms evidenced surface damage to identified wall and floor tiles. It was further identified that a staff changing room had surface damage to a wall and the toilet cistern. Details were discussed with the management team and an area for improvement was identified.

Several radiator covers and identified furniture required repair/replacement. The management team confirmed that they were aware of these findings and an audit of the environment was scheduled to review any refurbishment works required and that an action plan with timeframes to address any deficits would be implemented. Progress with this will be reviewed at a future inspection.

Several wash hand basins throughout the home evidenced that sink plug holes were corroded. It was further identified that pipes carrying hot water under wash hand basins throughout a number of rooms were exposed. Details were discussed with the management team and two areas for improvement were identified.

Food and fluids were accessible within an unlocked cupboard and cleaning products were observed to be unsupervised on a domestic trolley on the first floor, not in keeping with Control of Substances Hazardous to Health (COSHH) regulations. This area for improvement has been stated for a third time.

Review of the cleaning equipment and colour coding system used evidenced that staff were not using the universal colour coding system in line with the home's policy. Details were discussed with the management team and an area for improvement was identified.

A fire risk assessment was completed on the 12 November 2025. Any recommendations made following this assessment were signed by management as completed.

There was evidence that fire drills were carried out within the home on a regular basis with a record of the staff who attended. However, there was no evidence that a system was in place to ensure that all staff attend at least one fire evacuation drill a year. An area for improvement has been stated for a second time.

There was evidence that systems and processes were in place to manage infection prevention and control (IPC) which included regular monitoring of the environment and staff practice to ensure compliance. Used/soiled linen was observed within open top laundry trolleys within two communal bathrooms; and three members of staff were wearing nail polish which would inhibit effective hand hygiene. The associated IPC risks were discussed in detail with the management team and two areas for improvement were identified.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Miss Judith Gumbo has been the Manager since 24 February 2025.

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

There were systems in place to ensure that accidents and incidents were notified to patients' next of kin, the trust and to RQIA.

A record of complaints was held within the home. Review of a sample of complaints evidenced that these were appropriately addressed.

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 and 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	1*	9*

* The total number of areas for improvement includes two standards that have been stated for a second time and one regulation that has been stated for a third 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14 (2) (a) Stated: Third time To be completed by: 22 July 2026	The registered person shall ensure as far as reasonably practical that all parts of the home to which patients have access are free from hazards to their safety. Ref: 2.0 and 3.3.4 Response by registered person detailing the actions taken: All staff have been reminded of their role and responsibilities in ensuring that all areas residents have access to are free from hazards to their safety. This will be monitored within HM walkrounds and within Senior Management visits and any non compliance will be addressed through our Company internal performance management procedures
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 4 Stated: Second time To be completed by: 22 July 2026	The registered person shall ensure that care plans are in place for patients' relevant medical conditions. Ref: 2.0 and 3.3.3 Response by registered person detailing the actions taken: An audit has been completed for care files of all residents in the Home and going forward there will be further audits by the Home Manager as changes happen and by Regional Manager during Reg 29 visits.
Area for improvement 2 Ref: Standard 48.8 Stated: Second time To be completed by: 22 July 2026	The registered person shall ensure that a system is implemented to ensure that all staff participate in a fire evacuation drill at least once a year. Ref: 2.0 and 3.3.4 Response by registered person detailing the actions taken: A system is now implemented. 90% our staff have participated in Fire Evacuation Drills with plan to reach 100% by 30.9.26. We will continue to monitor for new staff to complete the evacuation training. HM will review attendance at least monthly as will Senior Management during their visits
Area for improvement 3 Ref: Standard 35 Stated: First time	The registered person shall ensure that patients who have a Deprivation of Liberty Safeguards (DoLS) authorisation in place are included on the home's register. Ref: 3.3.2

To be completed by: 22 July 2026	Response by registered person detailing the actions taken: There is now a file in place holding copies of DOLS Letters as discussed. The Home Manager will audit the Register at least monthly and the Regional Manager will validate during Reg visits.
Area for improvement 4 Ref: Standard 44 Stated: First time To be completed by: 22 September 2026	The registered person shall ensure that a review of the identified communal toilet, shower room and staff changing facility is carried out and the necessary refurbishment works completed. Ref: 3.3.4
To be completed by: 22 September 2026	Response by registered person detailing the actions taken: The above named facilities have been reviewed by Estates Manager and added to the refurbishment plan for the Home
Area for improvement 5 Ref: Standard 44 Stated: First time To be completed by: 22 September 2026	The registered person shall ensure that sink plug holes are replaced on wash hand basins as necessary. Ref: 3.3.4
To be completed by: 22 September 2026	Response by registered person detailing the actions taken: A survey has been completed and a plan of works is being developed to address any need for replacement.
Area for improvement 6 Ref: Standard 44 Stated: First time To be completed by: 22 August 2026	The registered person shall ensure that exposed pipes carrying hot water are suitably covered. Ref: 3.3.4
To be completed by: 22 August 2026	Response by registered person detailing the actions taken: A survey has been completed and work has commenced this week.
Area for improvement 7 Ref: Standard 46.2 Stated: First time To be completed by: 22 July 2026	The registered person shall ensure that the colour coded system for the use of cleaning equipment is established by relevant staff in accordance with best practice and the home's policy. Ref: 3.3.4
To be completed by: 22 July 2026	Response by registered person detailing the actions taken: Training has been refreshed in regard to colour coding of cleaning equipment for all current staff and compliance will be monitored within Daily Home Managers Walkaround and Senior Management visits.
Area for improvement 8 Ref: Standard 46 Stated: First time	The registered person shall ensure that used/soiled linen is kept covered within laundry trolleys. Ref: 3.3.4

To be completed by: 22 July 2026	Response by registered person detailing the actions taken: New lidded laundry trolleys have been purchased and are now in use.
Area for improvement 9 Ref: Standard 46.11 Stated: First time	The registered person shall ensure that staff are bare below the elbow in keeping with IPC best practice and guidelines. Ref: 3.3.4
To be completed by: 22 July 2026	Response by registered person detailing the actions taken: Supervision was completed with all staff to remind them of their responsibilities in this area. Compliance will be monitored by the Home Manager and Senior Management during their visits. Non compliance is being addressed through our Company performance management procedures.

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