The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Stewart Lodge

Provider: Stewart Lodge

Date of Inspection: 11 August 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:	Stewart Lodge
Responsible Individual:	Mrs Janet Stewart
Registered Manager:	Mrs Janet Stewart
Service Profile: Stewart Lodge is a registered residential care home which provides residential care for up to eight residents aged 65 years or older and residents living with dementia. Residents have access to a communal lounge, the dining room and an enclosed patio area.	

2.0 Inspection summary

An unannounced inspection took place on 11 August 2026, between 9.45am and 3.15pm 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 12 January 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 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 established 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.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection five 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 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 spoke positively about life in the home. Comments included, "The care is excellent and the food is good", and, "The staff are very good." Residents who were less well able to share their views were observed to be at ease in the company of staff and to be content in their surroundings.

One resident told us, "The care is excellent, the staff are wonderful, I feel safe here." Another resident said," The staff are excellent, the food is great and I have plenty of choice in my day. It couldn't be better!"

A relative spoke of how she was very happy with the care in the home.

Residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

There was evidence of 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.

Residents told us that staff offered them choices throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

No completed responses to the resident or relative questionnaire, or to the staff survey were received following the inspection.

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.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day

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

Review of falls management within the home, and in discussion with the manager, highlighted that post falls observations were not being recorded on a structured tool. The manager was signposted to the Public Health Agency (PHA), post falls guidance document (June 2025), for guidance on good practice, and advised to update the homes falls policy. An area for improvement was identified.

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.

The dining experience was an opportunity for residents to socialise, and the atmosphere was calm, relaxed and unhurried. Residents conversed with each other, it was observed that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

Arrangements were in place to meet residents' social, religious and spiritual needs within the home. Residents' needs were met through a range of individual and group activities such as games, armchair aerobics and current affairs. It was discussed with the manager the need for the activity programme to be reviewed with the residents of the home. The deputy manager confirmed on the 27 August 2026 that this had been completed.

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 clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

A toilet frame in a downstairs toilet was rusty. The manager replaced it on the day of inspection.

Hand towel dispensers and paper hand towels were not available in each bedroom. This was discussed with the manager and an area for improvement was identified.

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, resident call system checks, electrical installation checks and water temperature checks.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Janet Stewart has been the manager in this home since 1 April 2005.

Residents commented positively about the manager and described her as supportive, approachable and able to provide guidance.

It was discussed with the manager the need for a wider range of audits to be completed in the home, such as Infection Prevention and Control (IPC), the environment and care plans. An area for improvement was identified.

Residents spoken with said that they knew how to report any concerns or complaints and said they were confident that the manager would address these

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Standards.

	Regulations	Standards
Total number of Areas for Improvement	0	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Janet Stewart, 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 Minimum Standards (Dec 2022)

Area for improvement 1 **Ref**: Standard 21 **Stated:** First time **To be completed by:** 1 October 2026	The registered person shall review and update the homes falls policy in accordance with best practice guidelines. Ref: 3.3.2
	Response by registered person detailing the actions taken: This has been actioned.
Area for improvement 2 **Ref:** Standard E38 **Stated:** First time **To be completed by:** 1 October 2026	The registered person shall ensure that there are paper towels available in areas where care is provided. Ref: 3.3.4
	Response by registered person detailing the actions taken: this is being put into place.
Area for improvement 3 **Ref:** Standard 20.10 **Stated:** First time **To be completed by:** 1 October 2026	The registered person shall review the range of audits being completed to include: • Infection Prevention and Control (IPC) • The environment • Care plans Ref: 3.3.5
	Response by registered person detailing the actions taken: This is being actioned and is in place.

Please ensure this document is completed in full and returned via the Web Portal



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