The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Rosemount Care Centre**

Provider: **Ann's Care Homes**

Date of Inspection: **2 September 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:	Ann's Care Homes
Responsible Individual:	Charmaine Hamilton
Registered Manager:	Patricia Purvis

Service Profile – This home is a registered nursing home which provides nursing care for up to 41 patients.

The home is divided into two first floor units. The Jasmine unit provides accommodation for up to 19 patients under the general nursing category of care. The Sunflower unit provides accommodation for up to 22 patients with dementia nursing care needs.

There is a separate registered residential care home which occupies the same building and the registered manager for this home manages both services.

A proposed ground floor unit of 13 dementia nursing care beds is being made ready for approval for registration.

2.0 Inspection summary

An unannounced inspection took place on 2 September 2026 from 9am to 3.25pm. The inspection was conducted 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 two areas for improvement identified by RQIA during the last care inspection on 16 September 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

These two previous areas of improvement were met.

The home was found to be clean and well maintained to a good standard.

Patients said they were happy in the home, staff were kind and they enjoyed the meals.

Staff reported that there was good teamwork in the home and staff understood their roles and responsibilities. Staff were found to be knowledgeable in relation to the needs and preferences of the patients. Staff praised the manager and reported that they were approachable and responsive.

There were two areas for improvement identified as a result of this inspection. These related to a review of staffing levels in an identified unit and ensuring adequate provision for activities.

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 said that they were well cared for in the home, staff were kind and attentive and they enjoyed the meals. Some comments from patients included the following statements; "They (the staff) couldn't be any better. They (the staff) are all very good.", "I am well looked after." and "They (the staff) are lovely and kind. I have no complaints whatsoever."

Those patients who could not articulate their views presented as comfortable and at ease.

Four visiting relatives said that they were very happy with the home and found staff to be kind and caring. Visitors also remarked positively on the cleanliness of the home and one visitor complimented the laundering of clothes.

Staff spoke positively about their roles and duties, the care, teamwork, training and managerial support. Staff also said that they would have no concerns about reporting concerns with management and felt these would be taken seriously.

A visiting healthcare professional said the home was always very welcoming and took advice and direction positively.

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, supervision and appraisal and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was in large evidence of robust systems in place to manage staffing. However, several staff made comment that one identified unit was exceptionally busy due to the dependencies of patients accommodated. General observations of care practices during this inspection confirmed this to be the case. An area of improvement was made for a review of the staffing levels to be put in place for this identified unit.

Staff said there was good team work and that they felt well supported in their role and provision of training. A newly appointed member of staff had an appointed mentor to guide and support them through their period of orientation and induction.

An effective system to manage the registration of nursing staff with the Nursing & Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC), was in place.

3.3.2 Quality of Life and Care Delivery

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

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.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress, 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 these assessed needs.

Examination of care records and discussion with staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, patients referred to their GP if required.

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. There are referral arrangements for both Speech and Language Therapist (SALT) and Dietitian to assess individual patients' who have chewing or swallowing difficulties and any special nutritional requirements. These arrangements are included the care plans.

The dinner time meal was seen to be appetising, wholesome and nicely presented.

Review of associated documentation and general observations of care found that there was a lack of activity provision in the home. Some patients were comfortable and able to engage in pastimes of choice but for the main there needed to be more emphasis and provision put into this area of care. An area of improvement was made.

3.3.3 Management of Care Records

Patients' care records were maintained safely and securely.

A preadmission assessment is undertaken before a patient is admitted to the home. This is to ensure that the home can meet the assessed needs. Following admission care plans are developed to direct staff how to meet patients' needs. These included any advice or recommendations made by other health care professionals.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet patients' needs.

The general health and welfare of patients is monitored and recorded and timely referrals made to or advice sought from appropriate health and social care professionals as necessary and documented in patient records. Daily evaluations of care were generally well written with issues of assessed need having a recorded statement of care / treatment given with effect of same.

3.3.4 Quality and Management of Patients' Environment

The home was clean and tidy, with a good standard of décor and furnishings. Patients' bedrooms were comfortable and personalised. Communal areas were suitably furnished, spacious and comfortable. Bathrooms and toilets were clean and hygienic.

The grounds of the home were well maintained but accessibility for patients was limited as this needed staff assistance with the home being positioned on a first floor level.

Cleaning chemicals were stored safely and securely.

The most recent fire safety risk assessment, dated 14 November 2025, had corresponding evidence recorded of the actions taken in response to the 9 recommendations. Fire safety training, fire safety drills and fire safety checks were maintained on a regular and up-to-date basis.

Review of records and observations confirmed that appropriate 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

Mrs. Patricia Purvis is the Registered Manager of the home. There is a management structure of support and availability as defined in the home's Statement of Purpose.

Patients and staff commented positively about the management team and described them as supportive and approachable.

There were processes in place to monitor the quality of care and other services provided to patients. Systems of audit and quality assurance were well maintained with action plans in place to address any issues identified.

Accidents and incidents are reported to the relevant stakeholders. Monthly audits of these events were in place to establish if there are any trends or patterns and if necessary follow action.

Records of the visits on the behalf of the responsible individual were maintained in good detail and on an up-to-date basis. These records confirmed good governance arrangements for the home.

4.0 Quality Improvement Plan/Areas for Improvement

Two 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	1

The two areas for improvement and details of the Quality Improvement Plan were discussed with 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 20(1)(a) **Stated:** First time **To be completed by:** 2 October 2026	The registered person shall review the staffing levels in identified unit of the home. Ref:3.3.1
	Response by registered person detailing the actions taken: Staffing levels within the identified unit have been reviewed by the registered person to ensure that staffing arrangements are appropriate to meet residents' assessed needs and support the delivery of safe, effective and person-centred care. The review takes account of residents' dependency levels, changing care needs, staff skill mix and the staffing requirements across shifts. The registered person will continue to monitor staffing arrangements through regular management oversight, review of residents' needs, care delivery, resident and staff feedback.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 11(1) **Stated:** First time **To be completed by**: 2 October 2026	The registered person shall put in place a review of activity provision so as to ensure there is adequate provision of same. Ref: 3.3.2
	Response by registered person detailing the actions taken: The registered person has undertaken a review of the home's current activity provision to identify any gaps. This is to ensure that residents have access to an adequate range of meaningful, stimulating and engaging activities that reflect their individual interests, preferences, abilities and assessed needs. Recruitment of activity staff is ongoing and in the interim, the registered person will ensure that activities are staff led and include opportunities for individual resident engagement and group participation. The registered person will oversee these arrangements to ensure that residents' social, recreational and wellbeing needs are met while recruitment continues.

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

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