The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Rosemary Lodge Care Home

Provider: Healthcare Ireland No 2 Ltd

Date of Inspection: 28 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:	Healthcare Ireland No 2 Ltd
Responsible Individual:	Ms Amanda Mitchell
Registered Manager:	Mrs Una Brady
Service Profile: Rosemary Lodge Care Home is a residential care home registered to provide residential care for up to 44 residents with a range of needs. The home is situated over two floors and provides general health and social care for residents over and under 65 years of age, residents over 65 years of age with a mental health diagnosis, residents living with dementia and up to two residents with a learning disability. There is a range of communal areas throughout the home and residents have access to an enclosed garden.	

2.0 Inspection summary

An unannounced inspection took place on 28 September 2026, from 10.04 am to 5.25 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 27 November 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

It was evident 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 six areas for improvement were assessed as having been addressed by the provider. Other medicine related areas for improvement have been carried forward for review at a future 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 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 spoken with provided positive feedback about life in the home. Some of the comments shared included, "the staff are all very good, we are going down to library today" and "there is always something to do."

Discussion with 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.

Staff commented that they "loved" working with the residents in the home. Other comments shared by staff are discussed further in section 3.3.1.

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 systems in place to manage staffing.

There was a system in place to ensure that staff were receiving supervision at least once every six months. However, the content of the supervisions did not reflect that these were individual, one to one, formal supervision. The details of this were shared with the management team and assurances were provided that the supervision format would be reviewed to ensure staff received this formally at least once every six months. This will be reviewed at a future inspection.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty. Comments regarding staffing levels made by staff were shared with the management team for review and action as appropriate.

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. For example, residents were supported to go out to the library and a day trip had been organised for residents to attend a coastal area as a summer trip.

Some staff reported concerns about teamwork, staff levels, communication between the management team and staff; actions taken with regards to safeguarding concerns and confidence in the management team. The details of this were shared with the management team and confirmation of the actions taken to address these concerns were shared with RQIA following the inspection.

Review of the actions taken with regards to safeguarding allegations evidenced that safeguarding processes were not implemented in a timely manner to ensure these referrals were documented and screened appropriately. Assurances were provided in writing following the inspection that these referrals had been completed. An area for improvement was identified.

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. Throughout the day staff confirmed that staff attended 'safety pauses' prior to mealtimes to ensure good communication across the team about changes in residents' needs.

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

At times some residents 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 systems were in place to review any restrictive practices however, the tracker in place to monitor those residents with a Deprivation of Liberty Safeguard (DoLS) did not evidence that actions had been

taken to ensure these were up to date. The details of this were shared with the management team and an area for improvement was identified.

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, residents were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy.

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, music was playing. It was observed that residents were enjoying their meal and their dining experience. Prior to the mealtime staff held a safety pause to consider those residents who required a modified diet. It was observed that staff had made an effort to ensure residents had a meal that they enjoyed. It was observed that some practices during the mealtime experience were task focused; this had the potential to impact some resident's, not having adequate time to finish their main meal before dessert was served. The details of this were shared with the management team for review and action as appropriate.

The importance of engaging with residents was well understood by the manager and staff. Residents commented positively about activities in the home and advised there was always something going on. The management team reflected on a recent summer outing to a local coastal area which was very successful with many residents in attendance. Residents said they had opportunities to go out to the library, engage in religious services and get out for a walk.

Staff understood that meaningful activity was not isolated to the planned social events or games. Arrangements were in place to meet residents' social, religious and spiritual needs within the home. The weekly programme of social events was displayed on the noticeboard. Seasonal activities were scheduled to take place for the October period including, a tea party, live singer and pumpkin decorating.

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.

Assessments and care plans were mostly person centred, however improvements were required to ensure these were clearly reflective of individual assessed need. For example, a care plan in place relating to safety of the environment demonstrated restrictions were in place however, there was no clear assessment to identify the rationale for these restrictions. Residents assessed needs were not always clear and consistent across care records, for example eating and drinking recommendations, stair assessments, and weight loss care plans. The details of this were shared with the management team and an area for improvement was identified.

Residents care records were held confidentially.

3.3.4 Quality and Management of Residents' Environment

The home was clean and tidy. There was evidence of refurbishments having been completed across the home since the last care inspection, including, new furniture in bedrooms were this had been an identified need. Some further paintwork was identified as required; assurances were provided that plans were in place to ensure this was addressed.

Resident's bedrooms were warm and comfortable and were personalised with items important to the residents. There was evidence of a malodour in one resident's bedroom, confirmation was provided by the manager regarding the actions taken to address this. RQIA were assured by the actions agreed. One shower chair was identified as requiring replaced, assurances were provided this was no longer in use and a new chair was put into place.

Discussion with staff and the manager confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home 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.

Review of records and observations confirmed 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 a change in the management of the home since the last inspection. Mrs Una Brady has been acting as the manager in this home since 13 April 2026.

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

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. However, these were not robust at driving improvement; there was evidence of a lack of analysis and actions taken to address the deficits or trends identified. For example: falls analyses did not evidence an analysis or actions taken to reduce the associated risks. There was evidence of a system in place to monitor weight loss and identify patterns/trends; this system was not robust in identifying actions or patterns/trends potentially contributing to the weight loss. An area for improvement was identified.

Residents said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well. A system was in place to manage complaints and ensure these were responded to appropriately, however one complaint did not clearly evidence the outcome and closure details. Confirmation of the outcome was provided to RQIA and a notification was requested to be submitted retrospectively.

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	2*	4

* the total number of areas for improvement includes two that have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Una Brady, Manager and Mrs Mary Stevenson, Regional 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 Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13 (4) **Stated:** Second time **To be completed by:** 27 August 2026	The Registered Person shall ensure that records of incoming medicines are accurately maintained. Ref: 2.0
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 27 August 2026	The registered person shall ensure that records of outgoing medicines are accurately maintained as detailed in the report. Ref: 2.0
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 **Ref:** Standard 16 **Stated:** First time **To be completed by:** 28 September 2026	The Registered Person shall ensure that staff are trained appropriately to respond and report all suspected, alleged or actual incidents of abuse. These must be reported to the relevant persons and agencies in accordance with procedures and legislation Ref: 3.3.1
	Response by registered person detailing the actions taken: All staff have completed Adult Safeguarding Level 2 with all Senior Carer staff also completing Adult Safeguarding Level 3 training. This supports responding and reporting all suspected , alleged or actual incidents of abuse. This is enhanced with notices in staff areas of the home for easy reference to guide systems for escalation internal to Home, internal to HCI [eg using HCI Whistleblowing Helpline] and to external agencies including contact details. These notices also highlight the importance of prompt escalation of concerns. Staff are reminded in a Debrief about these notices and their content.

Area for improvement 2 **Ref:** Standard 20.10 **Stated:** First time **To be completed by:** 28 September 2026	The Registered Person shall ensure the system in place to monitor residents with a DoLS in place; is reviewed on a regular basis and evidences the action taken to ensure these are kept up to date. Ref: 3.3.2
	Response by registered person detailing the actions taken: DOL's Register is in place and the Home Manager is evidencing review of the Register at least Monthly or as changes occur and is signing and dating these reviews. Compliance is being monitored during REG 29 visits.
Area for improvement 3 **Ref:** Standard 6 **Stated:** First time **To be completed by:** 5 October 2026	The Registered Person shall ensure that assessments of need are clearly reflected in residents care plans and provide an overview of the risks identified and the action taken to manage the associated risks. Ref: 3.3.3
	Response by registered person detailing the actions taken: Senior Carer staff are reminded of their responsibilities in this area. Compliance is monitored by management within care file audits for whole file or for focused areas such as weight loss, falls management etc Senior Management will also review compliance within REG 29 visits
Area for improvement 4 **Ref:** Standard 20.10 **Stated:** First time **To be completed by:** 28 September 2026	The Registered Person shall ensure that audits are made more robust, where there is an identified deficit; there should be a time-bound action plan to evidence the actions taken to address the improvements required. This is with specific reference to: • Falls analysis • Weight-loss analysis Ref: 3.3.5
	Response by registered person detailing the actions taken: Staff who are involved in completion of audits within the Home have been reminded of the importance of robust completion including for any identified defecits having a time-bound action plan to evidence the actions taken to address the improvements required. Falls Analysis and Weights Loss Analysis are used as examples to identify what this may look like. Senior Management will review the robustness during REG 29 visits.

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

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