



The Regulation and  
Quality Improvement  
Authority

# Inspection Report

**Name of Service:** Gortacharn  
**Provider:** Dunluce Healthcare Lisnaskea Ltd  
**Date of Inspection:** 8 July 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Dunluce Healthcare Lisnaskea Ltd
<b>Responsible Individual:</b>	Mr Ryan Smith
<b>Registered Manager:</b>	Mrs Beena Joseph
<p><b>Service Profile</b> – This home is a registered nursing home which provides nursing care for up to 40 patients. Accommodation is on a ground floor level, with shared communal living areas.</p> <p>There is a separate registered residential care home which occupies the same site and the registered manager for this home manages both services.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 8 July 2025, from 9.30am to 3.30pm. 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 areas for improvement identified by RQIA, during the last care inspection on 14 December 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found 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 were trained to deliver safe and effective care.

As a result of this inspection all the previous areas of improvement were assessed as having been addressed by the provider. Three new areas for improvement were identified. Full details, 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**

Patients said they were very happy with the care in the home and that staff were kind and caring. Some of the comments made included; "They (the staff) do their very best for you here and are all very helpful. I am more than happy with the home.", "I have no complaints about here. It's a great place." and "The staff are very good. Sometimes can be slow in attending to you but are all very kind."

Staff spoke positively about their roles and duties, staffing levels and the provision of training. They also said that management were supportive and readily available and that they would have no hesitation with reporting any issues of concern.

## **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 appropriate systems in place to manage staffing. However, an area of improvement has been made in respect of references when no character references cannot be obtained.

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. Staff said the workload was busy but manageable.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

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

Any nurse who is in charge of the home in the absence of the manager has a competency and capability assessment completed for this responsibility.

### 3.3.2 Quality of Life and Care Delivery

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.

Staff interactions with patients were pleasant, polite and friendly.

Discussion with staff confirmed that the risk of falling and falls were managed and referrals were made to other healthcare professionals as needed. For example, patients were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy. Care staff have also received training in the management of falls.

Patients who required special attention to skin care needs, had corresponding detailed records of care prescribed and given.

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 assistance from staff and their diet modified.

The dining experience was an opportunity for patients to socialise. The atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. The dinner time meal was appetising, wholesome and nicely presented. It was observed that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. Patients commented positively throughout this inspection on the provision of meals.

Patients' preferences and wishes were respected with choice to reside in their bedroom with their chosen activity such as resting, reading, listening to music or watching television. A programme of activities was enjoyed by groups of patients both in the morning and afternoon of this inspection. The genre of music played and television channels was in keeping with patients' age group and tastes.

### 3.3.3 Management of Care Records

Patients' 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 patients' needs and included any advice or recommendations made by other healthcare professionals.

Care records were held confidentially.

Care records were appropriately maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. An area of improvement was made for patients' care records to have individualised assessments and care plans for their spiritual care needs, including contact details of clergy person.

Care staff recorded regular evaluations about the delivery of care.

### 3.3.4 Quality and Management of Patients' Environment Control

The home was clean, tidy and fresh smelling throughout, with a good standard of décor and furnishings being maintained. Patients' bedrooms were comfortable and suitably facilitated, with many of these personalised. Communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

Cleaning chemicals were stored safely and securely.

The grounds of the home were suitably maintained.

The home's fire safety risk assessment was completed on 17 April 2025. Corresponding evidence was recorded of the actions taken in response to the one recommendation made from this assessment. All staff were in receipt of up-to-date training in fire safety. Fire safety records were appropriately maintained with up-to-date fire safety checks of the environment.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of PPE had been provided. Staff were also seen to adhere to correct IPC protocols.

### 3.3.5 Quality of Management Systems

Staff spoke positively about the managerial arrangements in the home, saying there was good support and availability.

It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Discussions with staff confirmed knowledge and understanding of the safeguarding policy and procedure. Staff also said that they felt confident about raising any issues of concern to management and felt these would be addressed appropriately.

Accidents and incidents were notified, if required, to patients' next of kin, aligned named workers and to RQIA. A monthly analysis of accidents and incidents was carried out.

Records of complaint evidenced that such expressions were taken seriously and managed appropriately. An area of improvement was made to ensure in the recording of complaints to have details of the initial actions taken, follow up response and confirmation whether the complainant was satisfied with the outcome.

There was a range of system of audits and quality assurance in place. These audits included; environmental, infection prevention and control and care records.

The home was visited each month by a representative of the responsible individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. These reports were informative and detailed and included action plans to address any issues identified. The reports are available for review by patients, their representatives, the Trust and RQIA.

#### 4.0 Quality Improvement Plan/Areas for Improvement

Three areas for improvement have been identified where action is required to ensure compliance with regulations and standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Beena Joseph, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 19.2 <b>Stated:</b> First time <b>To be completed by:</b> 15 July 2025	The registered person shall seek to obtain a character reference linked to the requirements of the role, when "date only" references are obtained.  Ref: 3.3.1  <b>Response by registered person detailing the actions taken:</b> The registered Manager will be monitoring the recruitment process closely. The home have a system in place to obtain a third Character reference when 'date only references' are received.

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 5.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 August 2025</p>	<p>The registered person shall ensure patients' care records to have individualised assessments and care plans for their spiritual care needs, including contact details of clergy person.</p> <p>Ref: 3.3.3</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 17.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 8 July 2025</p>	<p><b>Response by registered person detailing the actions taken:</b> Reviewed the care records and have an individualised assessment and care plan in place to meet residents spiritual care needs. This care plan also includes the details of their Clergy and will be reviewed on a regular basis.</p> <p>The registered person shall ensure in the recording of complaints details of the initial actions taken, follow up response and confirmation whether the complainant was satisfied with the outcome are recorded.</p> <p>Ref:3.3.5</p> <p><b>Response by registered person detailing the actions taken:</b> Reviewed the current procedure for the recording of the complaints. A Robust plan in place to ensure the details are recorded accurately with initial action taken, follow up response and confirmation whether the complaint was satisfied and the outcome.</p>

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



## The Regulation and Quality Improvement Authority

James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

---



**Tel:** 028 9536 1111



**Email:** [info@rqia.org.uk](mailto:info@rqia.org.uk)



**Web:** [www.rqia.org.uk](http://www.rqia.org.uk)



**Twitter:** @RQIANews