The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Lisadian House**

Provider: **Elim Trust Corporation**

Date of Inspection: **24 July 2025**

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

1.0 Service information

Registered Provider:	Elim Trust Corporation
Responsible Individual:	Mr Edwin Michael
Registered Manager:	Ms Grace Pena
Service Profile: This home is a registered nursing home which provides nursing care for up to 45 patients. The home is divided over two floors which provides general nursing care for patients under and over 65 years of age and patients with a physical disability other than sensory impairment. Patients have access to a range of communal spaces such as lounges, a dining room and an enclosed garden.	

2.0 Inspection summary

An unannounced inspection took place on 24 July 2025 from 9.00 am to 6.55 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 determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

It was evident from discussions with patients and relatives that staff promoted patient's dignity and well-being and that staff were knowledgeable and well trained to deliver safe and effective care.

While we found care to be delivered in a compassionate manner, a number of areas for improvements were identified to ensure the effectiveness and oversight of certain aspects of care delivery, including; the environment, infection prevention and control (IPC) practices, governance and management oversight, management of patients on modified diets, record keeping, fire training and drills.

As a result of this inspection six areas for improvement were assessed as having been addressed by the provider. Three areas for improvement has been stated again and will be reviewed at the next 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 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: "The staff are excellent, they treat me well. The food is excellent", "The place is fantastic. The staff have treated me so well" and "It is very good here, I enjoy the activities."

Patients told us that staff offered choices to them 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.

Relatives commented positively about the overall provision of care within the home. Comments included: "It is lovely here and everyone is so friendly." Five questionnaire responses were received from relatives who were very pleased with the care delivered in the home. Comments included, "The care provided to my mother is exceptional", "The staff are attentive and caring with every aspect of mum's care, which makes her and us in turn, happy and fell safe" and "Amazing staff and management. All my dad's needs are met and more."

Staff spoken with said that Lisadian House was a good place to work and said the teamwork was very good. Staff commented positively about the manager and described them as supportive and approachable. Comments from staff included, “I am very happy here, the teamwork is very good” and “We get good support from the manager.” We received one response from the staff online survey. The respondent said they were satisfied with all aspects of care with the exception of how the home was managed where they said they were dissatisfied. The respondent said, “Some instructions are not consistent especially if short staffed.” This was discussed with the manager for follow up as required.

Healthcare professionals who were visiting the home at the time of this inspection told us that they were happy with the care given to patients. Comments included, “We are always listened to and our professional opinion is valued. We are made feel very welcome” and “This is the best of the homes we go to. They (the staff) are very on the ball and know the patients very well.”

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 systems in place to manage staffing.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they were satisfied with the staffing levels. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

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, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patient’s needs, their daily routine, wishes and preferences.

Staff were observed to be prompt in recognising patients’ needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients’ needs.

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.

All nursing and care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about their patients, especially changes to care, that they needed to assist them in their caring roles.

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. For example, some patients may need assistance to change their position in bed or get pressure relief when sitting for long periods of time. These patients were assisted by staff to change their position regularly and records maintained.

Where a patient was at risk of falling, measures to reduce this risk were put in place. In addition, falls were reviewed monthly for patterns and trends to identify if any further falls could be prevented.

Patients had good access to food and fluids throughout the day and night. Nutritional risk assessments were completed monthly to monitor for weight loss or weight gain. Nutritional care plans were in line with the recommendations of the dieticians.

Discussion with staff and observation of practice confirmed that a “safety pause” was not completed at the start of each mealtime to ensure that every patient received their meals in accordance with the patients’ assessed needs. The manager confirmed that she would liaise with the speech and language team to avail of additional supports in respect of this.

Patients may need support with meals ranging from simple encouragement to full assistance from staff. Patients were supervised during mealtimes. However, concerns were identified in relation to the supervision of patients requiring a modified diet due to their risk of choking. It was observed that one identified patient was not assisted appropriately in keeping with their assessed needs and the inspector had to intervene to ensure the patient’s safety. In addition, review of recommendations for eating, drinking and swallowing evidenced that they did not consistently reflect information in patient’s care plans. Some of the records had not been updated to reflect patient’s current needs. This was discussed with the manager who arranged for the records to be reviewed immediately. Areas for improvement were identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Observation of the lunchtime meal, review of records and discussion with patients, staff and the manager indicated that there were systems in place to manage patients’ nutrition.

The food served looked appetising and nutritious. Patients told us they enjoyed the meal and the food was good.

The importance of engaging with patients was well understood by management and staff and patients were encouraged to participate in their own activities such as watching TV, reading, resting or chatting to staff. Arrangements were also in place to meet patients’ social, religious and spiritual needs. An activity planner displayed highlighted events such as exercise, quizzes, knit and natter, arts and crafts, old sayings, bingo, bowls, games and memory ball.

Patients spoken with told us they enjoyed living in the home and that staff were friendly. Patient's told us they enjoyed the activities and that they were looking forward to the barbecue planned for the next day.

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.

Care records, for the most part, were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. However, review of a selection of care records evidenced that not all care plans were in place to meet patients assessed needs. For example, two patients did not have a care plan to manage their personal care needs. It was disappointing to note, this has not been identified during care record audits or monthly care plan evaluations. An area for improvement was identified.

Nursing staff recorded regular evaluations about the delivery of care. Review of a selection of daily evaluation records over a 24-hour period evidenced that some of these entries had been completed as early as four hours into the 12 hour shift on some occasions and no further entries had been made to reflect on the care delivered. Some evaluations of care contained repetitive statements which were not person centred. To ensure all evaluations of care are meaningful, an area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment

The home was clean and tidy. Patients' bedrooms were personalised with items important to the patient.

Whilst there was evidence of improvements to the home in relation to purchasing of new garden furniture and some painting works, it was disappointing to note that some of the shortfalls identified at the previous care inspection in January 2025 had not been addressed. This was discussed with the manager and senior management who committed to reviewing the works required in the home without delay. An area for improvement was stated for a second time.

Fire safety measures were in place to protect patients, visitors and staff in the home. The manager confirmed no actions were required from the most recent fire risk assessment.

However, review of records and discussion with the manager confirmed that there was an absence of a robust system for oversight of annual fire drills and bi-annual training. Review of records evidenced that not all staff received bi-annual training or had a fire drill annually. Assurances were received from the manager following the inspection that this would be addressed without delay. Areas for improvement were identified.

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

Whilst improvements were noted since the previous care inspection in the laundry, some staff were observed not washing their hands at appropriate times and to use personal protective equipment (PPE) inappropriately, while others were not bare below the elbow. Discussion with the manager confirmed that hand hygiene audits were carried out routinely. However, examination of audits confirmed these were not completed correctly and in turn, were not driving the necessary improvements. An area for improvement was stated for a second time.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Grace Pena has been the Registered Manager in this home since 14 June 2018.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home. However, given the inspection findings, further work is required to develop the governance and managerial oversight arrangements to ensure these drive the necessary improvements. An area for improvement identified at the previous care inspection was stated for a second time.

There was a system in place to manage any complaints received.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further.

Patients and their relatives spoken with said that if they had any concerns, they knew who to report them to and said they were confident that the manager or person in charge would address their concerns.

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	5*	4

*The total number of areas for improvement includes three that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Grace Pena, Registered 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref**: Regulation 27 (2) (d) **Stated:** Second time **To be completed by:** 24 July 2025	The registered person shall ensure the environmental deficits identified on inspection are addressed without delay. A suitable and achievable time bound refurbishment program for this work should be submitted, along with the returned QIP, for information and comment. Ref: 2.0 and 3.3.4
	Response by registered person detailing the actions taken: Refurbishment Plan reflects all works completed and is reviewed upon significant progress. Copy of updated Refurbishment Plan will be submitted with QIP.
Area for improvement 2 **Ref**: Regulation 13 (7) **Stated:** Second time **To be completed by:** 24 July 2025	The registered person shall ensure a system is implemented to monitor staff practice in relation to the appropriate use of personal protective equipment including donning and doffing and staff knowledge and practice regarding hand hygiene. The deficits identified in the laundry should be addressed without delay. Where deficits are identified during the monitoring system, an action place should be put in place to drive the necessary improvement. Ref: 2.0 and 3.3.4
	Response by registered person detailing the actions taken: Monitoring of appropriate use of PPE has been increased .An additional member of staff has been allocated to support Infection control Champion to monitor staff practice.
Area for improvement 3 **Ref**: Regulation 10 (1) **Stated:** Second time **To be completed by:** 24 July 2025	The registered person shall ensure that there is a robust system of governance in place, that it is effective and proactive in identifying shortfalls and driving improvements through clear action planning**.** Ref: 2.0 and 3.3.5
	Response by registered person detailing the actions taken: System of governance reviewed to identify shortfalls and learning outcomes through action planning.

Area for improvement 4 **Ref:** Regulation 13 (1) (b) **Stated:** First time **To be completed by** 24 July 2025	The registered person shall ensure that patients who are identified as being at risk of choking are appropriately assisted at mealtimes in keeping with their assessed needs and plan of care. Ref: 3.3.2 **Response by registered person detailing the actions taken:** Safety Pause at every mealtime is facilitated by mealtime coordinator to appropriately allocate assistance and supervision for service users who have modified diet and at risk of chocking.
Area for improvement 5 **Ref:** Regulation 16 (1) **Stated:** First time **To be completed by** 24 July 2025	The registered person shall ensure that care plans are prepared in sufficient detail and in a timely manner to direct staff as to how to meet the assessed needs of patients. Ref: 3.3.3 **Response by registered person detailing the actions taken**: Care Plan audit format has been revised to identify any deficits to a service users plan of care.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref**: Standard 4 **Stated:** First time **To be completed by** 24 July 2025	The registered person shall ensure that accurate records are maintained for all patients who are on a modified diet. Ref: 3.3.2 **Response by registered person detailing the actions taken:** Group supervision completed for all trained nurses to update records associated with service users with modified diet especially if there are any changes. Monthly audit commenced.
Area for improvement 2 **Ref:** Standard 4 **Stated:** First time **To be completed by** 24 July 2025	The registered person shall ensure all evaluations of care are meaningful, person centred and made at an appropriate time. Ref: 3.3.3 **Response by registered person detailing the actions taken:** Goldcrest record system reviewed to ensure that evaluations of care are meaningful and person centred.

Area for improvement 3 **Ref**: Standard 48.6 **Stated:** First time **To be completed by** 24 July 2025	The registered person shall ensure that all staff have training in the fire precautions to be taken in the home, including the action to be taken in care of fire. This training is provided by a competent person at the start of employment and is repeated at least twice every year. Records retained should evidence oversight from the registered manager. Ref: 3.3.4
	Response by registered person detailing the actions taken: Fire training is continuously provided by external qualified advisor and training is repeated twice a year with records retained for compliance.
Area for improvement 4 **Ref**: Standard 48.8 **Stated:** First time **To be completed by** 24 July 2025	The registered person shall ensure that all staff participate in a fire evacuation drill at least once a year. Records retained should evidence oversight from the registered manager. Ref: 3.3.4
	Response by registered person detailing the actions taken: Fire drill has now been incorporated into fire trainings. A new record system has been established to reflect staff attendance. As of date of QIP submission the home is 100% compliant with fire drills.

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

Web: www.rqia.org.uk

Twitter: @RQIANews