The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Lisgarel**

Provider: **Northern Health and Social Care Trust**

Date of Inspection: **8 September 2025**

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:	Northern Health and Social Care Trust
Responsible Individual:	Ms Jennifer Welsh
Registered Manager:	Mrs Colette O'Neill, not registered

Service Profile – This home is a registered residential care home, which provides health and social care for up to 40 residents over 65 years of age. This includes residents staying for a period of respite from their own homes.

Residents have access to communal lounges, bathrooms, the dining room and a patio area.

2.0 Inspection summary

An unannounced inspection took place on 8 September 2025, between 9.30 am and 6.10 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 26 November 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 residents. 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 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 and governance within the home.

As a result of this inspection one area for improvement was assessed as having been addressed by the provider. Other areas for improvement have been carried forward for review at the next medicines management 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 described staff as 'wonderful' and 'amazing.' Residents' comments included; "staff are very committed and kind" and "the staff have been very welcoming."

Residents told us that their relatives could visit whenever they wished and were always made feel welcome when they visited the home, relatives spoken with confirmed this.

One resident's relative said, "The staff are fantastic, they treat the residents with dignity, respect and patience."

Five feedback questionnaires were received following the inspection; the respondents confirmed that they were happy with the care provided by the home, comments included, "the care is excellent, and everything is done in a very professional manner."

Some comments regarding staffing levels were passed on to the home for review and action if necessary.

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 lack of robust oversight of the recruitment checks within the home. A review of the staff recruitment records indicated that an Enhanced AccessNI pre-employment check had not been satisfactorily completed before one identified staff member had commenced employment following a transfer from another regulated service. RQIA requested an immediate risk management strategy be implemented to ensure that the staff member had no direct service user involvement until a satisfactory AccessNI pre-employment check was received. There was no evidence of a physical and mental health assessment in two recruitment records. An area for improvement was identified.

Staff said there was good teamwork; some comments regarding staffing levels were shared with the manager for review and action if required.

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

There was evidence that staff had received their formal appraisal and supervision within the required timeframes.

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. For example, staff were observed spending time supporting and encouraging residents as directed in their care plans. In addition to this, staff were observed using encouragement and gentle, respectful humour to support residents during the lunchtime meal.

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.

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 safe systems were in place to safeguard residents and to manage this aspect of care. However, a review of care plans in relation to Deprivation of Liberty Safeguards, (DoLs) lacked detail in relation to what this meant for the care for these residents. This is discussed further in section 3.3.3.

Where a resident was at risk of falling, measures to reduce this risk were put in place. Examination of care records and discussion with the staff and manager 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.

Observation of the lunchtime meal, review of records and discussion with residents, staff and the manager indicated that there were robust systems in place to manage residents' nutrition and mealtime experience.

On the morning of the inspection, staff were observed supporting residents to complete word searches and one residents commented that she enjoyed this. However, there was a lack of choice of meaningful activities provided in the home. This was discussed with both staff and the manager who confirmed that activities were often ad hoc and not planned in advance. An area for improvement was identified.

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 mostly person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. However, care plans in relation to DoLs were lacking in detail, for example, where a resident had a DoLs in place the care plan did not reflect the actions needed to support the resident. An area for improvement was identified.

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 Control

The home was clean and tidy, residents' bedrooms were personalised with items important to the resident.

Bedrooms and communal areas were suitably furnished, warm and comfortable. Residents confirmed that their rooms were regularly cleaned and expressed no concerns with regards to the cleanliness in the home.

A number of sinks in the lower ground floor bedrooms were noted to be stained and in need of replacing. Details including photographic evidence was shared with the home's manager and an area for improvement was identified.

Three fire doors were observed to be propped open, this was discussed with the manager and an area for improvement was identified.

There was evidence that systems and process were in place to ensure the management of risk associated with infectious diseases. For example, there was ample supply of personal protective equipment (PPE) within the home.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Mrs Colette O'Neil has been the acting manager of this home since 12 August 2025.

A review of records evidenced that there were audits in place to review infection prevention and control (IPC) and hand hygiene, however these audits were not robust, audits had not been signed or dated by the person completing them, and in addition to this there was no evidence of managerial oversight of these audits. An area for improvement was identified.

There was evidence of monthly monitoring visits completed in the home by a representative of the responsible individual; however, there was evidence that deficits identified during these visits were not addressed in an action plan to help drive improvement. In addition to this, there was a lack of meaningful engagement with staff during these visits. This was discussed with the manager during feedback and an area for improvement was identified.

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	3	6*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Colette O'Neil; 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 21 (b) **Stated:** First time **To be completed by:** 8 September 2025	The registered person shall ensure that all pre-employment checks are completed and verified prior to a staff member commencing in post. Evidence of checks must be maintained within the home. Ref: 3.3.1
	Response by registered person detailing the actions taken: During the H.R Employment screening checks, Pre-employment checks must be fully completed and vertified with staff prior to commencing post.
Area for improvement 2 **Ref:** Regulation 27 (4) d) (i) **Stated:** First time **To be completed by:** 8 September 2025	The registered person shall ensure that fire doors throughout the home are not propped open. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Estates Department has completed all necessary works to ensure that fire doors throughout the home are operating in accordance with the fire safety requirements. Senior staff who complete routine daily walk abouts must check and address any fire doors that have been proppoed open. Additional signage has been put on all doors to ensure of staff compliance - doors not to be wedged open.
Area for improvement 3 **Ref:** Regulation 29 **Stated:** First time **To be completed by:** 30 September 2025	The registered person shall ensure that the Regulation 29 monitoring reports are robust ensuring the following: clear and measurable action plans to drive the necessary improvements and meaningful feedback from staff. Ref: 3.3.5
	Response by registered person detailing the actions taken: The registered manager will ensure the reports include clear and measureable action plans to ensure that necessary improvements are identified and implemented. The manager will also ensure the monitoring reports record feedback from staff.

Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 **Ref:** Standard 31 **Stated:** First time **To be completed by:** From Date of inspection 3 October 2024	The Registered Person shall ensure that obsolete personal medication records are cancelled and archived promptly. Ref: 2.0
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 **Ref:** Standard 10 **Stated:** First time **To be completed by:** From Date of inspection 3 October 2024	The Registered Person shall ensure that the reason for and the outcome of the administration, are recorded for medicines prescribed on a 'when required' basis for the management of distressed reactions. Ref: 2.0
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 3 **Ref:** Standard 13.4 **Stated:** First time **To be completed by:** 8 September 2025	The registered person shall ensure that there is a structured programme of activities and that this is displayed in a suitable format for residents and relatives to view. Ref: 3.3.2
	Response by registered person detailing the actions taken: A structured programme of activities has been developed and displayed in a format that is easily visible and accessible to residents and their relatives. It is located in a central area of the home to encourage engagement and participation.Staff will meet with residents regularly to review the activity programme.
Area for improvement 4 **Ref:** Standard 6.6 **Stated:** First time **To be completed by:** 30 September 2025	The registered person shall ensure that care plans are up-to-date and reflect the resident's current needs. This area for improvement relates specifically to care plans regarding DoLs. Ref: 3.3.3
	Response by registered person detailing the actions taken: Deprivation of Liberty Care Plans have been updated to reflect actions required by staff to support each resident 's current needs and maintain safety .

Area for improvement 5 **Ref:** Standard 27 **Stated:** First time **To be completed by** 31 January 2026	The registered person shall ensure the environmental deficits identified on inspection are addressed. Ref: 3.3.4
	Response by registered person detailing the actions taken: Minor Capital works have been raised to address the environmental deficits identified by the inspector including the replacement of sinks on the lower ground floor where staining had been observed.
Area for improvement 6 **Ref:** Standard 20.10 **Stated:** First time **To be completed by:** 30 September 2025	The registered person shall ensure that working practices with regards to infection control and hand hygiene are systematically audited and these audits are complete, signed and dated correctly and that the manager demonstrates oversight of these audits. Ref: 3.3.5
	Response by registered person detailing the actions taken: Hand hygiene audits will be reviewed by the manager to ensure that the staff member has completed, dated and signed each audit The manager will countersign and date after auditing to ensure oversight of working practices in relation to infection control .

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