



Inspection Report

Name of Service: Lisnaree Care Home

Provider: Healthcare Ireland (Belfast) Limited

Date of Inspection: 27 February 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:	Healthcare Ireland (Belfast) Limited
Responsible Individual:	Ms Amanda Mitchell
Registered Manager:	Mrs Leah Waddell – not registered
<p>Service Profile – This home is a registered residential care home which provides health and social care for up to 22 residents. The proposed residential care home will provide health and social care for up to 24 residents above the age of 65 years. Accommodation is provided in single bedrooms with ensuite bathroom facilities. All residents have access to communal spaces and a garden.</p> <p>There is a nursing home which occupies the ground and first floor and the manager for this home manages both services.</p>	

2.0 Inspection summary

An announced combined estates & care inspection took place on 27 February 2025 from 10.05am to 12.30pm in connection with the variation application reference number VA012111.

The inspection focused solely on the two new bedrooms within the residential unit and the associated conservatory, storage areas, library and visitor's toilet.

No new areas for improvement were identified as a result of this inspection. Areas for improvement identified at the previous care inspection were carried forward for review at the next inspection.

The maximum number of registered places will increase from 22 to 24 as a result of this proposed variation application once final approval has been given.

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.

3.3 Inspection findings

3.3.1 Care Inspector Findings

The new bedrooms, with en-suite toilet facilities, were clean, spacious, well decorated and suitably furnished. The fixtures, fittings, and furnishings within the bedrooms were compliant with the Care Standards for Nursing Homes (2022).

The temperature in the conservatory was uncomfortably warm on the day of inspection. A sample of temperature readings throughout the next week were sent to RQIA and several were outside of the recommended temperature of 19 – 22 degrees centigrade as stated within the Care Standards. The regional manager confirmed measures that they will put in place to regulate the temperature within this room.

The remaining rooms had been finished well and were in line with the Care Standards.

In conclusion, from a care perspective RQIA were satisfied that the rooms had been finished to a high standard and, once confirmation of temperature regulation in the conservatory has been established, the application for variation may be processed to completion.

No areas for improvement were identified.

3.3.2 Estates

Documentation presented during and subsequent to the inspection confirmed that the premises, engineering services and equipment are installed and commissioned in line with relevant legislation, ACOPs and best practice guidance.

The accommodation as specified in this variation application was inspected and found to be compliant with current DoH minimum standards.

The fire risk assessment and legionella risk assessment documents had been reviewed and action plan recommendations implemented.

From an estates perspective RQIA were satisfied that the premises' were suitable to meet the aims and objectives, as described in the home's Statement of Purpose.

No areas for improvement were identified.

4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with the management team as part of the inspection process and can be found in the main body of the report.

	Regulations	Standards
Total number of Areas for Improvement	0	4*

*The total number of areas for improvement includes four which are carried forward for review at the next inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
<p>Area for Improvement 1</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing (4 May 2023)</p>	<p>The registered person shall review the management of medicines prescribed for distressed reactions to ensure that:</p> <ul style="list-style-type: none"> • a care plan is in place to direct care • the reason for and outcome of administration is recorded • regular administration is referred to the residents' GP for review. <p>Ref: 2.0</p>
<p>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.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 25.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a review of the staffing levels is completed with particular reference to care delivery in the mornings.</p> <p>Ref: 2.0</p>

<p>To be completed by: 18 October 2024</p>	<p>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.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 25.6</p> <p>Stated: First time</p> <p>To be completed by: 9 September 2024</p>	<p>The registered person shall ensure that the hours worked by the manager are recorded on the staff duty rota.</p> <p>Ref: 2.0</p> <p>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.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 35.1</p> <p>Stated: First time</p> <p>To be completed by: 19 September 2024</p>	<p>The registered person shall ensure that there are no toiletries stored on the top of the toilet cisterns.</p> <p>Ref: 2.0</p> <p>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.</p>



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