

Inspection Report

Name of Service: Lisnaree Care Home
Provider: Healthcare Ireland (Belfast) Limited
Date of Inspection: 23 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:	Healthcare Ireland (Belfast) Limited
Responsible Individual:	Ms Amanda Mitchell
Registered Manager:	Mrs Laura Sands
<p>Service Profile This home is a registered Residential Care Home which provides health and social care for up to 24 residents. 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 first and second floors and the manager for this home manages both services.</p>	

2.0 Inspection summary

This unannounced inspection took place on 23 September 2025, from 10.05am 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 of improvement identified by RQIA, during the last inspection on 27 February 2025.

The inspection found that safe, effective and compassionate care was delivered to residents and the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

The home was found to be clean and bedrooms were personalised with items which were important to residents.

Residents reported that they were happy with the care provided to them and praised the activity provision in the home. Refer to Section 3.2 for more details.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable in relation to the needs of the residents.

As a result of this inspection, three areas for improvement from the previous care inspection were assessed as met. One area relating to medicines management was carried forward for review to the next inspection. This inspection resulted in no new areas for improvement being identified. Full details can be found in the main body of this report.

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 resident's, 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 commented positively on their experience of living in the home. Such comments included; "I am very happy here; I have no complaints. The staff are very kind," "This is a good place here; I am well looked after" and "The staff are very kind and the food is excellent. I like to get involved in all of the activities."

Relatives spoken with reported that they were happy with the care provided to their relative; that the staff were all very good and there was good communication between them.

Staff spoke positively in terms of the staffing levels, teamwork and advised that there was good care provided in this home. Staff told us that the manager was supportive and available for advice and guidance.

Three questionnaires returned to RQIA following the inspection from residents and relatives indicated that they were satisfied with the care provided in the home.

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 robust systems in place in relation to staff recruitment, induction and training.

Staff were readily available and responded promptly to call bells. Staff knew what they were required to do each day and understood the needs of the residents. 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.

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

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 interactions with residents were observed to be polite, friendly, warm and supportive and the atmosphere was calm and pleasant.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Observations of the staff and resident's interactions found staff to be reassuring and compassionate.

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 offered residents choice in how and where they spent their day or how they wanted to engage socially with others. Expressions of consent were observed during interactions with staff and residents.

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.

The risk of falling was well managed and referrals were made to other healthcare professionals as needed.

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 and the atmosphere was relaxed and unhurried. The food was attractively presented and included a choice of meal.

There was a variety of drinks available. It was observed that residents were enjoying their meal and their dining experience.

There was enough staff supervision in place throughout the serving of the meal. Discussion with residents confirmed that the food provision was good and there was always a choice of meal offered.

Activities for residents were provided which included both group and one to one activities. On the day of the inspection, the residents were involved in musical activities. For those residents who preferred not to participate in the planned activity, staff were observed sitting with them and engaging in discussion. Residents also had opportunities to listen to music, watch television, or engage in their own preferred activities.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home.

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 person centred and staff recorded regular evaluations about the delivery of care.

3.3.4 Quality and Management of Residents' Environment Control

The home was clean, warm and comfortable for residents. Bedrooms were tidy and personalised with photographs and other personal belongings for residents. Communal areas were well decorated, suitably furnished and homely.

Some staining was observed on carpets. This was discussed with the manager who advised this is part of planned redecoration. This will be reviewed at the next inspection.

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.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Laura Sands is the registered manager of this home.

Staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

Records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

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	0	1*

* the total number of areas for improvement includes one area which has been carried forward for review at the next inspection.

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

Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
<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>



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