The Regulation and Quality Improvement Authority

Inspection Report

Name of Service:	**Templemoyle**
Provider:	**Mrs Elizabeth Kathleen Mary Lisk**
Date of Inspection:	**28 October 2025 & 21 November 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:	Mrs Elizabeth Kathleen Mary Lisk
Responsible Person:	Mrs Elizabeth Kathleen Mary Lisk
Registered Manager:	Mrs Jeya Pratheeksha

Service Profile –
This home is a registered nursing home which provides nursing care for up to 30 patients requiring general nursing care. The home is divided into three units over three floors. Bedrooms are situated over the three floors. Patients have access to communal lounges, dining rooms and a garden.

2.0 Inspection summary

An unannounced care inspection took place on 28 October 2025, from 9.40 am to 4.45 pm by a care inspector. A remote finance inspection was undertaken on 21 November 2025 from 10.30am to 11.30pm by a finance inspector.

The care 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 pharmacy inspection on 5 August 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

As a result of the care inspection on 28 October 2025 three areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next inspection. A remote finance inspection was undertaken on 21 November 2025 to assess progress with four areas for improvement, identified by RQIA, during the last finance inspection on 27 October 2022. Three of the areas for improvement were assessed as having been addressed by the provider. The remaining area for improvement has been carried forward for review at the next finance inspection.

One new area for improvement was identified during the finance inspection on 21 November 2025 regarding monies held for a resident who no longer resides at the home. The area for improvement can be found in the quality improvement plan (QIP) in Section 4.

It was evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care.

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.

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.

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 spoken with said they were "Happy here. The food is good and the staff are lovely". Patients also told us that there was plenty to do and their clothing was kept clean.

Patients told us that staff offered choices to patients 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.

Staff were complimentary about the care provided to patients, the training provided, the great teamwork and the support from the manager.

One relative questionnaire returned within time frames confirmed that they were happy that the care in Templemoyle was safe, effective, compassionate and well-led. One relative said while improvement was noted, staff could provide toilet hygiene more regularly. This was brought to the manager's attention following the inspection for her review.

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 robust systems in place to manage staffing.

Patients said that there was enough staff on duty to help them. Staff said there was good teamwork and that they felt well supported in their role.

Observation of the delivery of care evidenced that the number and skills of the staff on duty met patients' needs during the daytime period. Concerns were identified regarding the planned number of staff on duty at night in the home. This was brought to the attention of the manager for her review and an area for improvement was identified.

Review of the system to manage the registration of nurses and care staff evidenced that staff were appropriately registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

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 patients. Staff were knowledgeable of individual patients' 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 were proactive in contacting other health care professionals, such as the GP or dietitian when required.

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 patient choice in how and where they spent their day or how they wanted to engage socially with others.

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. Review of repositioning charts identified that the time of repositioning needed to be recorded to show day and night. This was discussed with the manager for action and will be reviewed at a future inspection.

Patients were assisted by staff to change their position regularly, however, inspection of pressure relieving mattress setting identified that they were not all set accurately for the patients weight. This was brought to the manager's attention for immediate action and an area for improvement was identified.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, staff supervision with mobility and provision of mobility aids. The review of records kept following a fall identified that clinical and neurological observations were not consistently recorded and the rationale for any change to the planned nursing interventions required to be clearly documented. An area for improvement was identified.

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 full assistance from staff and their diet modified.

Observation of the lunchtime meal and discussion with patients, staff and the manager confirmed that there were robust systems in place to manage patients' nutrition and mealtime experience; however, it was observed that not all meals were covered when transported to patient's rooms. This was discussed with the manager and will be reviewed at a future inspection.

Observation of the lunchtime meal served in the main dining rooms confirmed that the food served looked and smelt appetising and nutritious. It was evident that patients were enjoying their meal and their dining experience. Inspection of the menu boards identified that the date and meal displayed was incorrect. An area for improvement was identified.

The importance of engaging with patients was well understood by the manager and staff. Observation of the planned activity, a Halloween word search and a sing a long, confirmed that staff knew and understood patients' preferences and wishes and helped patients to participate in planned activities or to remain in their bedroom with their chosen activity such as reading, listening to music or waiting for their visitors to come.

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.

Review of care records evidenced that risk assessments were not dated for all patient records, for example; skin care, moving and handling, bowel care and oral health. Following the inspection the manager provided assurances that dates had been completed in the risk assessments highlighted.

Patients care records were held confidentially.

Care plans were reviewed to ensure they continued to meet patients' needs; however, reviews examined continue to be repetitive and lack detail regarding patient care requirements. This area for improvement has been stated for a second time.

3.3.4 Quality and Management of Patients' Environment

Review of the environment of the home showed that radiator covers required repair or replacement and it was noted that there was no clear date was in place to address this. This area for improvement has been stated for a second time.

While inspecting a sample of rooms throughout the home is was observed that cleaning was required to areas such as crash mats, furniture and cupboards; a catheter was not kept on a stand and a paper sign required to be laminated for appropriate cleaning. An area for improvement was identified.

An electrical switchboard was observed to be accessible and fluid thickening powders were not stored safely when not in use. This was brought to the attention of the manager for immediate action and an area for improvement was identified.

It was observed that medication had not been safely administered as it had been left with a patient by staff. This was brought to the attention of staff for their action and an area for improvement was identified.

Staff were observed washing their hands correctly or at appropriate times and to using PPE appropriately. Discussion with the manager confirmed that hand hygiene audits were completed routinely.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Jeya Pratheeksha has been the manager in this home since 9 January 2015.

Patients and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place practice.

Review of the record of accident and incidents within the home evidenced that not all notifiable events in the home, including falls, had been appropriately reported to RQIA. 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	4	8*

* The total number of areas for improvement includes two that have been stated for a second time and one, which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Jeya Pratheeksha, 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 14 (2) (a) (c) **Stated:** First time **To be completed by:** 28 October 2025	The Registered Person shall ensure electrical switchboards and fluid thickening powders are stored securely. Ref: 3.3.4
	Response by registered person detailing the actions taken: This was done immediately following the inspection. Fluid thickener's are stored safely and staff are made aware of the same.
Area for improvement 2 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 28 October 2025	The Registered Person shall ensure that medication is administered safely under staff supervision. Ref: 3.3.4
	Response by registered person detailing the actions taken: Medication administered safely and follow the policies and procedures strictly.
Area for improvement 3 **Ref:** Regulation 30 **Stated:** First time **To be completed by:** 28 October 2025	The Registered Person shall ensure all notifiable events are reported to RQIA in a timely manner. Ref: 3.3.5
	Response by registered person detailing the actions taken: Any residents needed medical aid following falls will be notified to RQIA.
Area for improvement 4 **Ref:** Regulation 22 (1) (b) **Stated:** First time	The Registered Person shall expedite the discussions with the Western Health And Social Care Trust (The Trust) in order that the monies held on behalf of the resident, no longer residing at the home, are returned to the Trust. Ref: 2.0

To be completed by: 31 December 2025	**Response by registered person detailing the actions taken**: Trust was contacted ny the Registered provider and monies held on the patients account will be transferred to the trust as soon as trust provide the necessary details to transfer the money.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 2.8 **Stated:** First time **To be completed by:** 9 December 2022	The Registered Person shall ensure that patients' written agreements are updated to reflect the current fee paid by, or on behalf of, the patients. The agreements should also reflect any third party charge paid on behalf of patients. The registered person shall ensure the review of patients' care plans are person centred and detailed. 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 4 **Stated:** Second time **To be completed by:** 5 November 2025	The Registered Person shall ensure the review of patients' care plans are person centred and detailed. Ref: 2.0 and 3.3.3
	Response by registered person detailing the actions taken: Nurses were made aware of the detailed review of patients care plans wherever possible.
Area for improvement 3 **Ref:** Standard 44 **Stated:** Second time **To be completed by:** 31 December 2025	The Registered Person shall ensure the environmental issues identified during the inspection and discussed at feedback are addressed in a timely manner. Ref: 2.0 and 3.3.4
	Response by registered person detailing the actions taken: Unlaminated posters were removed Identified sink was cleand and scored window sill was repainted Torn/ worn crash mat to be replaced.
Area for improvement 4 **Ref:** Standard 41	The Registered Person shall ensure staffing levels over the 24-hour period are sufficient to safely meet the needs of patients. Ref: 3.3.1

Stated: First time **To be completed by:** 30 October 2025	**Response by registered person detailing the actions taken:** Current staffing levels reviewed as per request by Inspector. No issues raised by staff/ residnets. this will be reviewed if any residents needs changes.
Area for improvement 5 **Ref:** Standard 23 **Stated:** First time **To be completed by:** 28 October 2025	The Registered Person shall ensure pressure-relieving mattresses are set correctly for the patients' weight. Ref: 3.3.2
	Response by registered person detailing the actions taken: Night staff are checking any mattress needs adjusted manually according to residents weight. Record maintained for the same.
Area for improvement 6 **Ref:** Standard 22 **Stated:** First time **To be completed by:** 29 October 2025	The Registered Person shall ensure the rationale for any change to the planned nursing interventions is clearly documented. This is in relation to the management of unwitnessed falls. Ref: 3.3.2
	Response by registered person detailing the actions taken: Nurses are made aware of clear documentation in relation to unwitnessed post falls.
Area for improvement 7 **Ref:** Standard 12 **Stated:** First time **To be completed by:** 29 October 2025	The Registered Person shall ensure an up to date and accurate menu is displayed. Ref: 3.3.2
	Response by registered person detailing the actions taken: Kitchen staff were informed of any changes in the menu should reflect the Menu board.
Area for improvement 8 **Ref:** Standard 46 **Stated:** First time **To be completed by:** 29 October 2025	The Registered Person shall ensure that measures are in place to ensure the home is clean and hygienic and to prevent the spread of infection. Ref: 3.3.4
	Response by registered person detailing the actions taken: Identified arm chair and one of the sink in residents room was cleaned immediately. Identified peeling arm chair was replaced. Identified rooms needed flooring done will be done within next 6 months.

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