The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Gortacharn

Provider: Dunluce Healthcare Lisnaskea Ltd

Date of Inspection: 28 October 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:	Dunluce Healthcare Lisnaskea Ltd
Responsible Individual:	Mr Ryan Smith
Registered Manager:	Mrs Beena Joseph

Service Profile
This is a registered residential care home which provides health and social care for up to 15 residents with frail elderly needs and physical health care needs. Accommodation is provided on the ground floor and all residents have individual bedrooms with ensuite bathroom facilities. Residents also have access to communal and dining areas.

There is a separate registered nursing home which occupies the same building and the registered manager for this home manages both services.

2.0 Inspection summary

An unannounced care inspection took place on 28 October 2025 from 10.15am to 2.45pm, 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.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. 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.

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

Residents said that living in the home was a good experience and praised the meal provision.

This inspection resulted in no new areas for improvement being identified. Details of the findings 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 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 spoke positively about their experience of living in the home. Such comments made by residents included: "I am very happy here, we are well looked after and the food is good." "It's a good place here, the staff are all great. "There are lots of activities; I really enjoy them."

Discussions with residents confirmed that there was enough staff on duty and if they wanted anything all they had to do was ask.

Staff spoke positively in terms of the provision of care and advised that there was good care provided in this home. Staff told us that the management team were supportive and available for advice and guidance.

Seven questionnaires were returned to RQIA following the inspection. All of the responses received were positive and included comments such as: "Safe, happy, well fed and comfortable," "feel safe having the staff around," and "just like being at home; it's very good."

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 to manage staffing.

Residents said that staff were attentive to them. 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.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example; if they wished to return to bed after breakfast.

3.3.2 Quality of Life and Care Delivery

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

Staff interactions with residents were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual resident's needs, their daily routine, wishes and preferences. Observations of the staff and residents interactions during the activities found staff to be kind and compassionate.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress, including those residents who had difficulty in making their wishes or feelings known.

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.

Examination of care records and discussion with the 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 their GP if required.

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 serving of the lunchtime meal confirmed that enough staff were present to support residents with their meal and that the food served appeared appetising and nutritious. The atmosphere was calm and organised. There was a variety of drinks available. It was observed that residents were enjoying their meal and their dining experience.

The importance of engaging with residents was well understood by the manager and staff. An activity schedule was on display in communal areas offering a range of individual and group activities such as bingo, board games, arts and crafts, music activities and hairdressing. Residents were well informed of the activities planned and of their opportunity to be involved and looked forward to attending the planned events.

During the inspection a number of the residents were engaged in musical activities with the activity therapist. There was a relaxed atmosphere during the activity and staff were readily available to assist and support in the planned activity. In the afternoon an external speaker was coming into the home to speak about Halloween traditions and a party was arranged for later in the week.

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 or watch television or engage in their own preferred activities. Residents commented that there was always something to do.

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.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. 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

The home was clean, tidy and well maintained and festively decorated for Halloween. Residents' bedrooms were tastefully personalised with items important to the resident.

Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. The corridors displayed photos of activities completed by the residents and light music played in the background.

Systems and processes were in place to manage infection prevention and control which included regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Beena Joseph is the registered manager of the home.

Staff commented positively about the all of management team and described them 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. There was evidence that the manager 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 in 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	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Annette Martin, regional manager, as part of the inspection process and can be found in the main body of the report.

The Regulation and Quality Improvement Authority

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