The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Lisnisky Residential Home**

Provider: **Ann's Care Homes**

Date of Inspection: **16 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:	Ann's Care Homes
Responsible Individual:	Mrs Charmaine Hamilton
Registered Manager:	Ms Sherly Mathai

Service Profile
This home is a registered residential care home, which provides health and social care for up to 19 residents. The home is located on the ground floor and all residents are accommodated in single bedrooms. Residents have access to communal and dining areas.

The home provides care for residents with physical health needs, frail elderly needs and residents over 65 years who are living with a learning disability and mental health problems.

2.0 Inspection summary

An unannounced care inspection took place on 16 October 2025 from 10am to 4pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; to review the areas for improvement issued by RQIA at the last inspection on 3 June 2025; 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. Three areas for improvement in relation to medicines management were carried forward for review to the next inspection.

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 spoke positively about their experience of life in the home. Comments included: "very happy here, well looked after, the staff are very kind and good to me. I feel very safe in here." "The staff are excellent." and "I am very happy here and well looked after. The food is good and there is lots of activities available for the residents"

Discussions with residents confirmed that there was enough staff on duty and if they wanted anything all they had to do was ask. Residents commented positively on the meal provision in the home.

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 manager was supportive and available for advice and guidance.

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 there was enough staff on duty to help 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 have a lie in or if they preferred to eat their breakfast later than usual.

3.3.2 Quality of Life and Care Delivery

All care staff received a handover at the commencement 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, staff and activity therapist. An activity schedule was on display in communal areas offering a range of individual and group activities such as bingo, music activities, hairdressing, church services and pamper services. 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. The activity therapist was person centred in her approach, knowledgeable of residents preferences and hobbies and involved all of the residents in the activity. There was a relaxed atmosphere during the activity and staff were readily available to assist and support in the planned activity.

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 the residents further reiterated this. 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.

The home's most recent fire safety risk assessment was completed on 30 December 2024. Any recommendations made as a result of this assessment were signed off, as actioned.

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 Sherly Mathai is the registered manager of the home.

Staff commented positively about the manager 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.

The records of complaints and compliments were reviewed. Records of compliments received included comments such as: "We just wanted to thank you all for being so kind when you were looking after (resident). You were always so attentive and caring towards them and we greatly appreciated it."

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	2*	1*

* the total number of areas for improvement includes three areas which are 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 Sherly Mathai, Registered Manager, as part of the inspection process and can be found in the main body of the report.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 3 June 2025	The registered person shall ensure controlled drugs subject to safe custody requirements are stored securely in compliance with the Misuse of Drugs (Safe Custody) (Northern Ireland) Regulations 1973. Ref: 2.0
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 3 June 2025	The registered person shall ensure medicines, including eye preparations, are disposed of at of expiry. Ref: 2.0
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 **Ref:** Standard 30 **Stated:** First time **To be completed by:** 3 June 2025	The registered person shall review the management of medicine changes to ensure safe systems are in place. 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.

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel: 028 9536 1111

Email: info@rqia.org.uk

Web: www.rqia.org.uk

Twitter: @RQIANews