The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Louisville**

Provider: **Mr Barry Murphy**

Date of Inspection: **11 December 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:	Mr Barry Murphy
Responsible Person:	Mr Barry Murphy
Registered Manager:	Mrs Geetha Rajappan
Service Profile – This home is a registered nursing home which provides nursing care for up to 48 patients within the categories of elderly, physical disability and terminal illness. Communal lounges and a dining room are located on the ground floor with patients bedrooms located on the ground and first floors.	

2.0 Inspection summary

An unannounced inspection took place on 11 December 2025, from 9.30 am to 5.00 pm 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 for improvement identified, by RQIA, during the last care inspection on 25 September 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Details and examples of the inspection findings can be found in the main body of the report.

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.

This inspection resulted in one area for improvement being identified; three areas for improvement from the inspection undertaken on 25 September 2024 were addressed by the provider and two areas for improvement, relating to the management of medicines have been carried forward for review at a future inspection. Full details can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

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 patient'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

Patients told us they were happy with the care and services provided. Comments made included " I'm well looked after" and "the staff are great".

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 spoke in positive terms about the provision of care, their roles and duties, training and managerial support.

Relatives told us that they were very happy with the care and services delivered to their loved one. Comments included; "staff are brilliant, can't do enough for you".

There was no additional feedback received from the staff questionnaires or patient/relative questionnaires.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a system was in place to ensure staff were recruited correctly to protect patients.

The staff duty rota accurately reflected the staff working in the home over a 24-hour period and identified the nurse in charge when the manager was not on duty. Registered nurses taking charge of the home in the absence of the manager are required to have undertaken a competency and capability assessment prior to commencing in the role; review of a sample of these records confirmed these had been completed as required.

Review of records provided assurances that a system was in place to ensure all nursing staff were registered with the Nursing and Midwifery Council (NMC). There was also a system in place to monitor registration status of care staff with the Northern Ireland Social Care Council (NISCC).

There were systems in place to ensure staff were trained and supported to do their job. Mandatory training was progressing for staff and the manager confirmed that training compliance was kept under review.

Staff were seen to attend to patients' needs in a timely manner, and patients' were offered choices throughout the day.

3.3.2 Quality of Life and Care Delivery

Staff said they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients.

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.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

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.

An effective system was in place to identify which meal was for each individual patient, to ensure patients were served the right consistency of food and their preferred menu choice.

The food served was attractively presented, smelled appetising and a variety of drinks were served with the meal.

Staff told us how they were made aware of patients' nutritional needs to ensure they were provided with the right consistency of diet; and where patients preferred to have their meal in their own room, this was readily accommodated with support provided as required in accordance with their assessed needs. A menu was available to inform patients of the meal and choice available and patients comments included "plenty of food" and "just lovely".

The importance of engaging with patients was well understood by the manager and staff. Staff understood that meaningful activity was not isolated to the planned social events or games.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home. The activity schedule was on display; and it was positive to see that the activities provided, were varied, interesting and suited to both groups of patients and individuals. Patients were well informed of the activities planned and of their opportunity to be involved.

Staff were observed interacting with patients and engaging in discussion. Patients who preferred to remain private were supported to do so and had opportunities to listen to music or watch television or engage in their own preferred activities.

Life story work with patients and their families helped to increase staff knowledge of their patients' interests and enabled staff to engage in a more meaningful way with their patients throughout the day, discussion with the manager and staff confirmed that this was ongoing.

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.

Care records were person centred and updated to ensure they continued to meet the patients' needs; where minor gaps were identified, these were discussed with the manager and assurance was provided that the gaps would be addressed.

Nursing staff recorded regular evaluations about the delivery of care. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

Patients care records were held confidentially.

3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and well maintained. For example, patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, and there was evidence of ongoing refurbishment. It was noted that the home was decorated for the festive period, to include a Christmas tree and decorations made by the patients.

Corridors were clear of clutter and obstruction and fire exits were also maintained clear.

Review of records and discussion with staff confirmed that training on infection prevention and control measures and the use of personal protective equipment (PPE) had been provided; where shortfalls were identified these were discussed with the manager for review and action as appropriate; an area for improvement was identified.

3.3.5 Quality of Management Systems

Mrs Geetha Rajappan has been managing the home since 5 August 2015.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The Manager and deputy manager are the safeguarding champions for the home and discussion with the manager confirmed that they both were in the process of updating the required training level for the role of adult safeguarding champion.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients.

The manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

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 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	3*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team 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 Care Standards for Nursing Homes, December 2022	
Area for improvement 1 **Ref:** Standard 46 **Stated:** First time **To be completed by:** 29 July 2025	The registered person shall ensure that the environmental issues relating to the cleanliness of the treatment room are addressed and that there is regular monitoring of the environment and staff practice to ensure compliance. Ref: 3.3.2
	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 45 **Stated:** First time **To be completed by:** 29 July 2025	The registered person shall ensure that inhaler spacer devices are cleaned or replaced in line with the manufacturers' instructions. Ref: 3.3.2
	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 3 **Ref:** Standard 46 **Stated:** First time **To be completed by:** 11 December 2025	The Registered Person shall insure that the infection prevention and control deficits identified during the inspection are addressed. Ref: 3.3.4
	Response by registered person detailing the actions taken: The hand hygiene audit has recommenced and group supervision has been given to all staff members regarding this issue.

Please ensure this document is completed in full and returned via the Web Portal

The Regulation and Quality Improvement Authority

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