The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Lisadian House**

Provider: **Elim Trust Corporation**

Date of Inspection: **23 January 2026**

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Registered Provider:	Elim Trust Corporation
Responsible Individual:	Mr Edwin Michael
Registered Manager:	Ms Grace Pena
Service Profile – This home is a registered nursing home which provides nursing care for up to 45 patients. The home is divided over two floors which provides general nursing care for patients under and over 65 years of age and patients with a physical disability other than sensory impairment. Patients have access to a range of communal spaces such as lounges, a dining room and an enclosed garden.	

2.0 Inspection summary

An unannounced inspection took place on 23 January 2026 from 9.35 am to 5.10 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 determine if the home is delivering safe, effective and compassionate care and if the service is well led.

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. Refer to Section 3.2 for more details.

It was evident from discussions with patients and relatives that staff promoted patients' dignity and well-being and that staff were knowledgeable and well trained to deliver safe and effective care.

As a result of this inspection, the eight previous areas for improvement were assessed as having been addressed by the provider. One area for improvement has been stated again and will be reviewed at the next inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.4.

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 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. 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 spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "I am very happy here", "The staff are really good. They are real friendly and help you with everything. They get top marks from me" and "The staff treat me with dignity and respect."

Staff offered choices to patients throughout the day, which included preferences for getting up and going to bed, food and drink options and where and how they wished to spend their time.

Relatives commented positively about the overall provision of care within the home. Comments included, "I am very happy with my mum's care and I feel very involved in her care."

Staff spoken with said that Lisadian House was a good place to work and said the teamwork was very good. Staff commented positively about the manager and described them as supportive and approachable.

Healthcare professionals who were visiting the home at the time of this inspection told us that they were happy with the care given to patients. Comments included, "Staff have a good knowledge of the residents and manage risk well" and "Staff know the residents really well."

We did not receive any questionnaire responses from patients or their visitors or any responses from the staff online survey within the timescale specified.

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 systems in place to manage staffing.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they were satisfied with the staffing levels. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

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

3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patient's needs, their daily routine, wishes and preferences.

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.

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

Medication was observed on a bedside table of an identified patient. Discussions with staff confirmed the medication had been administered to the patient that morning, although they had not taken it. This was discussed with the manager who gave assurances that medicine administration competencies would be addressed with the identified staff member. This information was shared with the aligned pharmacy inspector. An area for improvement was identified.

Where a patient was at risk of falling, measures to reduce this risk were put in place. Falls were reviewed monthly for patterns and trends to identify if any further falls could be prevented.

Nutritional risk assessments were completed monthly to monitor for weight loss or weight gain. Nutritional care plans were in line with the recommendations of the speech and language therapists and/or the dieticians. Patients were safely positioned for their meals and the mealtimes were well supervised. Staff communicated well to ensure that every patient received their meals in accordance with the patients' needs.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Observation of the lunchtime meal, review of records and discussion with patients, staff and the manager indicated that there were systems in place to manage patients' nutrition.

The food served looked appetising and nutritious. Patients told us they enjoyed the meal and the food was good.

The importance of engaging with patients was well understood by management and staff and patients were encouraged to participate in their own activities such as watching TV, reading, resting or chatting to staff. Arrangements were also in place to meet patients' social, religious and spiritual needs. An activity planner displayed in the foyer and patient bedrooms highlighted events such as bingo, room visits, gospel services, games, quizzes and hair and nails.

Patients spoken with told us they enjoyed living in the home and that staff were friendly.

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, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs.

Nursing staff recorded regular evaluations about the delivery of care. Improvements were noted since the previous care inspection, although further work was required around the consistency of record keeping. For example, some staff continued to complete daily evaluation records as early as four hours into the 12 hour shift on some occasions and no further entries had been made to reflect on the care delivered. In addition, some monthly evaluations lacked detail and did not reflect on if the patient's needs were being met. An area for improvement was stated for a second time.

3.3.4 Quality and Management of Patients' Environment

The home was clean and tidy. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. For example, patients' bedrooms were personalised with items important to the patient.

Concerns about the management of risks to the health, safety and wellbeing of patients were identified. A domestic cleaning trolley was unsupervised allowing potential patient access to substances hazardous to health, while further cleaning chemicals were also identified in an area of the home which were accessible to patients. This was discussed with staff who took immediate action. An area for improvement was identified.

A number of radiators were hot to the touch and posed a potential risk to the patients. An area of improvement was identified for all hot surfaces to be individually risk assessed in accordance with current safety guidelines with subsequent appropriate action if required.

There was evidence that systems and processes were in place to manage infection prevention and control (IPC) which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

Inappropriate storage of patient equipment was observed in identified communal bathrooms. This was discussed with the manager who advised that the lack of storage had been escalated and discussed at recent management meetings. RQIA were assured that plans were in place to secure additional storage space and systems would be reviewed to ensure appropriate storage of patient equipment.

A small number of shortfalls in individual staff practice with IPC practices were discussed with the manager who agreed to monitor this through their audit processes and arrange additional training and supervisions if required.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Grace Pena has been the Registered Manager in this home since 14 June 2018. It was positive to note that the manager and deputy manager had completed the 'My Home Life' leadership support programme, which is run by the University of Ulster and commissioned by the Department of Health.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further. Relatives spoken with said that if they had any concerns, they knew who to report them to and said they were confident that the manager or person in charge would address their concerns.

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	3	1*

*The total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Grace Pena, 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 13 (4) **Stated:** First time **To be completed by** 23 January 2026	The registered person shall review the process for the administration of medicine and ensure that nurses remain with patients until medication has been taken. Ref: 3.3.2
	Response by registered person detailing the actions taken: The medication processes were reviewed to ensure that nurses remain with resident until medication has been taken. Staff member specifically identified have completed further training on the administration of medicine and have completed a reflective learning. All learning has been communicated to all other relevant staff members.
Area for improvement 2 **Ref:** Regulation 14 (2) (a) (c) **Stated:** First time **To be completed by** 23 January 2026	The registered person shall ensure that all areas of the home to which patients have access are free from hazards to their safety. Ref: 3.3.4
	Response by registered person detailing the actions taken: The management of hazards, to ensure residents safety were highlighted in staff meetings. Supervision was provided to individual staff member and reflective learning are documented.
Area for improvement 3 **Ref:** Regulation 27 (2) (t) **Stated:** First time **To be completed by** 23 January 2026	The registered person shall risk assess all individual hot surfaces in accordance with current safety guidelines and evidence any appropriate actions identified. Ref: 3.3.4
	Response by registered person detailing the actions taken: External consultant is commissioned to review the risk assessment of wall mounted radiator system. Building contractors attended site and identified a leak which contributed to fresh water entering the system and cause hot spots on effected wall mounted heaters in the home. This has been resolved. Registered individual has agreed to include a phased instalment of fire guard safety screen within the refurbishment plan.

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 4 **Stated:** Second time **To be completed by** 23 January 2026	The registered person shall ensure all evaluations of care are meaningful, person centred and made at an appropriate time. Ref: 2.0 and 3.3.3
	Response by registered person detailing the actions taken: Care plan audit tool was reviewed to capture any discrepancies with regards to care plan evaluation and daily progress notes. Staff have been reminded of the standards expected of them.

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

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