The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Gortacharn

Provider: Dunluce Healthcare Lisnaskea Ltd

Date of Inspection: 22 April 2026

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:	Ms Beena Joseph
Service Profile – This home is a registered nursing home which provides nursing care for up to 40 patients. Accommodation is on a ground floor level with shared lounges and dining area, as well as access to a courtyard garden area.	

2.0 Inspection summary

An unannounced inspection took place on 22 April 2026, from 9.15am to 3pm. A care inspector conducted the inspection.

The inspection was undertaken to evidence how the home is performing in relation to regulation and standards; and to assess progress with the three areas of improvement identified by RQIA, during the last care inspection on 8 July 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The three previous areas of improvement were met.

The inspection found that safe, effective and compassionate care was delivered to patients and 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 patients. Patients said that living in the home was a good experience. Patients who were unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and interactions with staff.

Three new areas of improvement were made as a result of this 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 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 said that they were happy with the care in the home, that there was a nice atmosphere, staff were kind and attentive and they enjoyed the meals. Three patients made the following comments; "They (the staff) are all so good to me in everyway. It is a wonderful place.", "I am very happy here and have all my comforts here in my room." and "I am very cosy here. Everything is lovely."

Frailer patients were seen to be comfortable and at ease in their surroundings and interactions with staff.

Three visiting relatives said that staff were kind, caring and attentive and management were readily available.

Staff spoke positively about their roles and duties, the provision of care, training and managerial support.

No patient / representative questionnaires were received in time for inclusion to this report.

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.

Staff said that they felt well supported in their role and that they were satisfied with the staffing levels.

Observation of the delivery of care evidenced that the number of staff on duty met patients' needs. Call assistance alarms were found to be answered promptly.

There was an effective system in place to manager the registration of nurses with the Nursing & Midwifery Council (NMC) and care staff with 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 observed to be prompt in recognising patients' needs and any early signs of distress, 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.

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.

It was established that safe systems were in place to safeguard patients with use of equipment that could be considered as restrictive, such as bedrails and alarm mats.

Examination of care records and discussion with the manager confirmed that the risk of falls were well managed and referrals were made to other healthcare professionals as needed. For example, patients were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records accurately reflected the patients' assessed needs.

Observation of the dinner time meal, review of records and discussion with patients and staff indicated that there were systems in place to manage patients' nutrition and mealtime experience.

The dinnertime meal was appetising, wholesome and nicely presented.

It was observed that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. Patients spoke positively on the meals including the provision of choice.

A varied and enjoyable programme of activities and events was in place for patients to avail, both group and individual based. For example at the time of this inspection, a number of patients enjoyed planned exercise sessions in the morning and musical entertainment in the afternoon or engagement in their own activity of choice, such as reading, watching television or resting.

Patients' spiritual care and well-being was recorded in their care records with subsequent provision of such.

3.3.3 Management of Care Records

Patients' care records were maintained safely and securely.

The manager confirmed that a preadmission assessment is undertaken before a patient is admitted to the home. This is to ensure that the home can meet the assessed needs. Following admission care plans are developed to direct staff how to meet patients' needs. These included any advice or recommendations made by other health care professionals.

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

Daily evaluations of care were generally well written with issues of assessed need having a recorded statement of care / treatment given with effect of same. An area of improvement was made for assessed need pertaining to low mood to be reviewed to include more detail in the daily evaluation of patient's well-being.

3.3.4 Quality and Management of Patients' Environment

The home was clean and tidy. Patients' bedrooms were comfortable and nicely personalised. Communal areas were suitably furnished and homely. Bathrooms and toilets were clean and hygienic.

Paintwork to many bedrooms and parts of corridors were tired and scuffed. The flooring to an identified bathroom was damaged and ineffective for cleaning. An area of improvement was made for a time bound action plan to be submitted detailing how these issues will be made good.

The grounds of the home were well maintained with good accessibility for patients to avail of.

Cleaning chemicals were stored safely and securely.

The home's most recent fire safety risk assessment was dated 18 March 2026. The manager gave assurances that the one recommendation made as a result of this assessment will be actioned within the specified timescale of completion.

Fire safety training, fire safety drills and fire safety checks were maintained on a regular and up-to-date basis.

The door to the kitchen was sticking, causing it to wedge itself open. An area of improvement was made to make this good.

Review of records and observations confirmed that appropriate systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

Ms Beena Joseph is the registered manager of the home.

Staff, relatives and patients commented positively about the management team and described them as supportive, approachable and able to provide guidance.

The manager had processes in place to monitor the quality of care and other services provided to patients.

Patients and relatives spoken with said that they knew how to report any concerns/complaints and said they were confident that the manager and responsible individual would address their concerns.

Reports of visits on behalf of the responsible individual were well maintained, with good evidence of governance arrangements.

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 three areas for improvement and details of the Quality Improvement Plan were discussed with Ms Beena Joseph, 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 27(2)(d) **Stated:** First time **To be completed by:** 21 May 2026	The Registered Person shall submit a time bound action plan submitted detailing how the identified environmental issues will be made good. Ref: 3.3.4 **Response by registered person detailing the actions taken:** A detailed timebound action plan will be submitted to RQIA as early as possible regarding the identified environmental issues.
Area for improvement 2 **Ref:** Regulation 27(4)(d) (I) **Stated:** First time **To be completed by:** 28 April 2026	The Registered Person shall make good the identified issue with the kitchen door. Ref: 3.3.4 **Response by registered person detailing the actions taken**: The identified issue with the kitchen door was fixed on 23/04/2026
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 4 (8) **Stated:** First time **To be completed by:** 28 April 2026	The registered person shall ensure issues of assessed need pertaining to low mood have more detail in the daily evaluation of patient's well-being. Ref: 3.3.3 **Response by registered person detailing the actions taken:** All nurses were made awre about the above area for improvement .The registered manager will make sure the daily evaluation does reflect on patients well being if they have an assessed need relevant to low mood.

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