The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Lisnisky Care Home**

Provider: **Ann's Care Homes**

Date of Inspection: **30 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:	Ann's Care Homes
Responsible Individual:	Mrs Charmaine Hamilton
Registered Manager:	Mrs Sherly Mathai

Service Profile:

This is a registered nursing home which provides nursing care for up to 47 persons. General nursing is provided on the Brownlow Wing, Donard Wing and the Gardiner Wing on ground level. Patients living with dementia are accommodated on the lower ground level. Patients have access to communal lounges, dining rooms and a garden.

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

2.0 Inspection summary

An unannounced inspection took place on 30 April 2026, from 09:15 am to 6:10 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 assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 15 April 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that compassionate care was delivered and 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 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.

As a result of this inspection, one area for improvement has been stated for a second time. 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.

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: "This is a good home", "Happy here", "The staff are all excellent here", "I have everything I need" and "The staff are very kind".

Staff said the manager was very approachable, teamwork was good and that they felt well supported in their role. Comments included: "The manager is great", "I really enjoy working here", "Good staff morale", "Staffing levels are very good" and "Everyone works well together".

The inspector spoke with three relatives during the inspection. Comments included: "Great communication from staff", "Staff are very compassionate", "The staff are friendly and welcoming", "Always staff available when I visit" and "This is a great home". Other comments received were shared with the management team.

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.

Patients said that staff were very attentive. 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 observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

3.3.2 Quality of Life and Care Delivery

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

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.

At times some patients 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 patients and to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly. Review of a sample of patient care records evidenced that these were well maintained.

The risk of falling was well managed and referrals were made to other healthcare professionals as needed. Review of a sample of post fall observation recording charts evidenced that these were well maintained.

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.

The dining experience was an opportunity for patients to socialise and the atmosphere was calm, relaxed and unhurried. There was evidence that patients' needs in relation to nutrition and the dining experience were being met. For example, staff recognised that patients may need a range of support with meals and were seen to helpfully encourage and assist patients as required. A meal time co-ordinator was allocated to each of the units to oversee the correct delivery of meals to patients.

There was a choice of meals offered, the food was attractively presented and smelled appetising. Staff knew which patients preferred a smaller portion and demonstrated their knowledge of individual patient's likes and dislikes. A menu was on display within each of the units offering a choice of two meals.

Patients commented positively about the food provided within the home with comments such as: "The food is great", "The food is very nice here" and "We get a couple of choices for each meal".

The importance of engaging with patients was well understood by management and staff. A schedule of activities was on display within each unit to inform patients of any planned activities for the week. The activity coordinator was very enthusiastic in her role and discussed plans to further engage with patients to develop individual life story books and meaningful activities.

Patients commented positively regarding the activities provided within the home and were seen to be content and settled in their surroundings and in their interactions with staff. One to one communication with patients was provided in the morning and karaoke was provided in the afternoon. Patients appeared to really enjoy the activities provided. Comments included: "I enjoy the activities here", "There is always something to do" and "I enjoy the music".

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. Patients care records were held confidentially.

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.

3.3.4 Quality and Management of Patients' Environment Control

The home was fresh smelling, neat and tidy and patients' bedrooms were found to be personalised with items of memorabilia and special interests. Outdoor spaces were well maintained with areas for patients to sit.

Pipes carrying hot water in a number of bedrooms and communal toilets were not covered to prevent scalding. An area for improvement was identified.

Plugholes on several wash hand basins were corroded; details were discussed with the management team who agreed to have this reviewed. Following the inspection, written confirmation was received that an audit had been completed and an action plan implemented to address this.

A staff handbag with personal belongings was accessible within a communal toilet. The potential risks were discussed in detail with the management team and an area for improvement has been stated for a second time.

In addition to the potential risks stated above; the door to a treatment room was left open with access to a sharps box, prescribed supplements and topical creams. An area for improvement was identified.

The safe storage of personal protective equipment (PPE) within the dementia unit was discussed with the management team who agreed to have this reviewed. Following the inspection, written confirmation was received that relevant action had been taken to address this.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control (IPC). Whilst most staff were compliant with IPC best practice, one staff member did not comply with the correct use of PPE and hand hygiene. Following the inspection, written confirmation was received from the manager that relevant action had been taken to address this with ongoing monitoring by management.

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 has been the Manager in this home since 6 August 2024.

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

Review of the records relating to accidents and incidents which had occurred in the home evidenced that these were notified, if required, to patients' next of kin, their care manager and to RQIA.

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 management team 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 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	2*	1

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

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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 14 (2) (a) **Stated:** Second time **To be completed by:** 30 April 2026	The registered person shall ensure as far as reasonably practical that all parts 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: Supervision completed with all staff to remind all staff that personal belongings must be stored only in designated staff areas and lockers. Staff meeting held to reinforce expectations around maintaining a safe and hazard free enviornment for Residents. .Registered Manager and senior staff will undertake regular spot checks to ensure compliance.
Area for improvement 2 **Ref:** Regulation 13 (4) (a) **Stated:** First time **To be completed by:** 30 April 2026	The registered person shall ensure that prescribed medicines are safely and securely stored in compliance with legislative requirements, professional standards and guidelines. With specific reference to ensuring that the treatment room door is secure. Ref: 3.3.4
	Response by registered person detailing the actions taken: Immediate action was taken to ensure the treatment room door to secure with an additional lock . The requirement to keep treatment room secure and all prescribed medicines are stored safely and securely inside the locked cupboard has been reinforced during staff meeting and supervision session. Registered manager will undertake regular spot check to ensure complainance.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 35 **Stated:** First time	The registered person shall ensure that exposed pipes carrying hot water within areas accessible to patients are suitably covered to prevent scalding. Ref: 3.3.4

To be completed by: 30 May 2026	**Response by registered person detailing the actions taken:** Environmental audit was undertaken throughout the Home to identify all exposed hot water pipes that may present a risk of scalding .The findings of the audit were submitted to the Estate deparment for remedial action and installation of appropriate protective pipe covers.

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

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