

Inspection Report

Name of Service:	Lisgarel
Provider:	Northern Health and Social Care Trust
Date of Inspection:	1 July 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:	Northern Health and Social Care Trust
Responsible Individual:	Mrs Suzanne Pullins
Registered Manager:	Mrs Louanne Bakker
Service Profile – This home is a registered residential care home, which provides health and social care for up to 40 residents over 65 years of age. Residents have access to communal lounges, bathrooms, the dining room and a patio area.	

2.0 Inspection summary

An unannounced inspection took place on 1 July 2026, between 10.20 am and 4.00 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 8 September 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 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.

Residents said that living in the home was a good experience. Other residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As a result of this inspection five areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or 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.

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 residents, 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 spoken with provided positive feedback about their experiences residing in the home. Some of the comments shared included, "it's a very good place, the staff are very good and I enjoy it" and "very lucky to have a place like this."

Residents were observed seated comfortably in the communal lounges engaging in activities or their preferred choice of stimulation, for example: reading or conversing with other residents and staff.

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

Residents told us that staff offered choices to residents 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.

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 systems in place to manage staffing.

Systems were in place to ensure that staff received regular supervision, however it was not evident that all staff received supervision at least once every six months. The details of this were shared with the management team and an area for improvement was identified.

The duty rota was in place and evidenced the staff working in the home. There was evidence of pencil used and the full names of bank staff were not always included. The details of this were shared with the management team and assurances were provided regarding the actions taken to address this. This will be reviewed at a future inspection.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty. 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 met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences. Throughout the day staff confirmed that staff attended safety briefings and 'safety pauses' prior to mealtimes to ensure good communication across the team about changes in residents' needs.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

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. Whilst there was evidence of systems in place to evidence those residents with a Deprivation of Liberty Safeguard (DoLS) in place, this was not always consistent with what was reflected in residents care plans and risk assessments. The details of this were shared with the management team for review and action. This is discussed further in section 3.3.3.

Examination of care records and discussion with staff 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, or for physiotherapy.

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.

The dining experience was an opportunity for residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Prior to the mealtime staff held a safety pause to consider those residents who required a modified diet. It was observed that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

The importance of engaging with residents was well understood by the manager and staff. Observation of the planned activity confirmed that staff knew and understood residents' preferences and wishes and helped residents to participate in planned activities or to remain in their bedroom with their chosen activity such as reading, listening to music or waiting for their visitors to come. The residents were observed engaging in the planned singalong with staff and they appeared to be enjoying this as they were laughing and singing along.

Staff understood that meaningful activity was not isolated to the planned social events or games. Arrangements were in place to meet residents' social, religious and spiritual needs within the home.

The weekly programme of social events was displayed on the noticeboard and shared with residents, families and staff advising of future events.

Residents' needs were met through a range of individual and group activities such as bingo, board games, arts and crafts, hairdressing, one to one reading or listening to plays on the radio.

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.

Residents care records were held confidentially.

There was evidence of person centred care plans and these were generally well maintained and updated to ensure they continued to meet the residents' needs. However, some conflicting information was evident in one residents care plans relating to DoLS. The details of this were shared with the management team and assurances were provided in writing following the inspection that this had been updated. The previous area for improvement identified was met and DoLS records will be further reviewed at a future inspection.

Care staff recorded regular evaluations about the delivery of care. A discussion took place with the management team to ensure that staff are including more detail in their evaluations to reflect the resident's daily care. Assurances were provided by the management team that this would be addressed with staff.

3.3.4 Quality and Management of Residents' Environment

The home was clean and tidy. There was evidence of planned works taking place across the home; this evidenced improvements across the home for example, paintwork and decoration across the building. It was positive to see that refurbishments were ongoing across the home. Discussions with residents and staff confirmed that they were kept well informed on the progress and plans in place.

There was evidence of a fire door being propped open in the dining area. This was removed immediately by staff and the details of this were shared with the management team for review and action. The previous area for improvement identified was not met and will be stated again for a second time.

The Fire Risk Assessment was in place and had been completed by an accredited fire risk assessor. The actions had not been signed off as completed within the timeframes agreed by the fire risk assessor. Assurances were provided in writing following the inspection to confirm that an action plan was in place to address the actions identified as part of the fire risk assessment. The action plan should evidence oversight from the manager, the details of this were shared with the management team and an area for improvement was identified.

Review of records and observations confirmed that 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

There has been no change in the management of the home since the last inspection. Mrs Louanne Bakker has been the Registered Manager in this home since 21 January 2025.

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 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.

Residents said that they knew who to approach if they had a concern had confidence that any concern would be managed well.

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*	4*

* the total number of areas for improvement includes one regulation that has been stated for a second time; and, one regulation and two standards that have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Louanne Bakker, 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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (4) d) (i) Stated: Second time To be completed by: 1 July 2026	The Registered Person shall ensure that fire doors throughout the home are not propped open. Ref: 3.3.4 Response by registered person detailing the actions taken: The registered person will ensure that fire doors are not propped open, in line with fire safety regulations and Trust policy. To reinforce this requirement, a memo has been circulated to all staff to raise awareness of the importance of ensuring fire doors remain closed and are never propped open. In addition, staff have been reminded during handovers, and prominent coloured reminder notices have been placed on relevant fire doors to further promote compliance. Checking of compliance with fire safety with the fire doors will be added to the manager's daily checklist. This will be further supported by regular checks throughout the day and these checks will be recorded and action taken where necessary.

Area for improvement 2 Ref: Regulation 21 (b) Stated: First time To be completed by: 8 September 2025	The Registered Person shall ensure that all pre-employment checks are completed and verified prior to a staff member commencing in post. 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 24.2 Stated: First time To be completed by: 29 July 2026	The Registered Person shall ensure staff have recorded individual, formal supervision no less than every six months. Ref: 3.3.1 Response by registered person detailing the actions taken: A supervision recording template has been developed to ensure that all staff receive formal supervision at least once every six months. The template also provides managers and supervisors with a clear reminder of when each staff member's supervision is due, supporting timely completion and compliance with the required supervision time frame. Staff appraisals will not be recorded as supervisions.
Area for improvement 2 Ref: Standard 29 Stated: First time To be completed by: 1 July 2026	The Registered Person shall ensure actions are signed off on the fire risk assessment when these are completed. Ref: 3.3.4 Response by registered person detailing the actions taken: The remaining outstanding action on the fire risk assessment in relation to installation of a fire sensor has commenced. NHSCT Fire Safety Officer and the registered person will ensure all actions are completed

Area for improvement 3 Ref: Standard 31 Stated: First time To be completed by: From Date of inspection 3 October 2024	The Registered Person shall ensure that obsolete personal medication records are cancelled and archived promptly. 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.
Area for improvement 4 Ref: Standard 10 Stated: First time To be completed by: From Date of inspection 3 October 2024	The Registered Person shall ensure that the reason for and the outcome of the administration, are recorded for medicines prescribed on a 'when required' basis for the management of distressed reactions. 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.

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