The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Templemoyle**

Provider: **Mrs Elizabeth Kathleen Mary Lisk**

Date of Inspection: **5 August 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:	Mrs Elizabeth Kathleen Mary Lisk
Responsible Person:	Mrs Elizabeth Kathleen Mary Lisk
Registered Manager:	Mrs Jeya Pratheeksha
Service Profile – This home is a registered nursing home which provides nursing care for up to 30 patients requiring general nursing care. The home is divided into three units over three floors. Bedrooms are situated over the three floors. Patients have access to communal lounges, dining rooms and a garden.	

2.0 Inspection summary

An unannounced inspection took place on 5 August 2026, between 9.30 am and 7 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 28 October 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 well presented, 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 four areas for improvement were assessed as having been addressed by the provider. Four areas for improvement have been stated for the second time and one area for improvement has been stated for a third time. Three areas for improvement have been carried forward for review at a future 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 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 all so lovely and kind here", "They (staff) would do anything for you", "I have everything I need here" and "I feel very safe here".

Staff said the manager was very approachable, teamwork was great and that they felt well supported in their role. Staff comments included: "The manager is always there if we need her", "I really like working here", "We have a good team here" and "The staffing levels are fine".

A relative and visiting professional commented positively regarding the provision of care within the home. Comments included: "The staff are excellent here", "This is an excellent home", "and I am always made to feel very welcome when I visit", "The staff are very good at communicating about the patients' needs", "Staff have a good knowledge regarding the needs of the patients and "I am very happy with my (relatives) care".

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. Review of a sample of recruitment records evidenced that a full employment history, reasons for leaving previous employment and gaps in employment had not been fully explored. An area for improvement was identified.

A discussion was also held with the management team in relation to ensuring that for any reference with a typed signature; the email from the referee is maintained within the employees file to evidence the source of the reference.

The registration monitoring checks completed by the manager for care assistants with the Northern Ireland Social Care Council (NISCC) did not provide a date when last reviewed and there was no evidence to confirm that all relevant staff were registered. Details were discussed with the management team and an area for improvement was identified.

Patients said that staff were very attentive. Staff said that they were mostly satisfied with the staffing levels but that this can be effected on occasions with short notice absenteeism. Staff also said that cover arrangements were always sourced if they were short staffed.

The inspector requested the most recent patient dependency assessment to determine if the staffing levels were in accordance with the patients assessed needs. This was not available during the inspection and an area for improvement has been stated for a second time.

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 patients 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 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 a small number of entries exceeded the recommended frequency of repositioning as directed within the care plan and scoring over several time entries was also evident. An area for improvement was identified.

Review of care records in relation to moving and handling identified that one patients risk assessment had not been updated to reflect their current needs. Details were discussed with the management team who agreed to have this updated.

Where a patient was assessed as being at risk of falls, measures to reduce this risk had been put in place. However, post falls observations were not consistently completed in line with the home's policy and the rationale for this had not been clearly documented. An area for improvement has been stated for a second time.

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. There was a meal time co-ordinator to oversee the correct delivery of meals to patients.

The dining experience was an opportunity for patients to socialise, and the atmosphere was calm, relaxed and unhurried. A menu was displayed within each dining room offering a choice of two meals. Patients commented positively about the food provided within the home with comments such as: "The food is lovely", "I really like the food and we get a good variety" and "Plenty of choices".

Review of a sample of patients' daily fluid and food intake charts evidenced varying information regarding the recommended food and food level as per Speech and Language Therapist (SALT) for one patient; and whilst staff were providing the correct diet level, two staff provided incorrect information regarding the patient's fluid level. This was discussed with the management team and the records were updated. Following the inspection, written confirmation was received that relevant action had been taken to address this.

Review of care records for patients at risk of choking evidenced that not all patients had a risk assessment completed. An area for improvement was identified.

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. Comments included: "I really enjoy the activities here but the person who is in charge of the activities is off and hopefully returning soon", "I am never bored as there is always something to do" and "They (staff) are all fantastic here".

During the inspection, there was no planned activities provided and a schedule of activities for the week was not on display. The management team confirmed that the activity coordinator was on leave with temporary cover arrangements in place and agreed to have the weekly activity schedule displayed. Following the inspection, the manager confirmed that the activity coordinator had returned to work and that the schedule of activities was on display.

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.

Whilst most care records were person centred and regularly reviewed, a number of care plans had not been updated to reflect changes that were made to the patient's plan of care, for example; recommendations made by Speech and Language Therapist (SALT) had not been fully updated within two patients care plans; moving and handling requirements were not fully reflective of one patient's current needs and details regarding pressure relieving equipment were not included within care plans. Details were discussed with the management team and an area for improvement was identified.

Nursing staff completed monthly reviews of patients care plans; review of a sample of entries evidenced that some lacked details regarding specific changes that had been made to the patients care. This area for improvement has been stated for a third time.

Care plans for patients receiving one to one supervision did not provide sufficient details regarding the reason for enhanced supervision and/or the duration of supervision required. Details were discussed with the management team and following the inspection, written confirmation was received that relevant action had been taken to address this.

3.3.4 Quality and Management of Patients' Environment

The home was warm and comfortable and patients' bedrooms were found to be personalised with items of memorabilia and special interests.

Crumbs and debris were observed on the carpet of the stairwell leading to all three floors and a malodour was also evident. This was discussed with the management team and following the inspection, written confirmation was received that relevant action had been taken to address this.

A number of shortfalls were identified with the overall décor of the home including; corrosion to sink plug holes on several wash hand basins; surface damage to identified walls, floor coverings, bedroom furniture and armchairs. Details were discussed with the responsible individual who agreed to complete a detailed environmental audit of the home. This is discussed further in section 3.3.5.

In addition to the above findings a wardrobe was not attached to the wall within an identified bedroom; a hole was observed to the door of a shower room and an emergency pull cord was missing from a shower room. These and a number of other environmental findings were discussed in detail with the management team and following the inspection, written confirmation was received of the action taken to address these issues. This is discussed further in section 3.3.5.

A sluice room door was unlocked with chemicals accessible in an open cupboard; one spray bottle containing a liquid solution was unlabelled. Details were discussed with the management team and an area for improvement was identified.

A Fire Risk Assessment (FRA) had been completed on the 27 May 2026. One action was required following this assessment which had not been completed. Following the inspection, written confirmation was received that relevant action had been taken to address this.

There was evidence that systems and processes were in place to manage infection prevention and control (IPC) which included regular monitoring of the environment and staff practice to ensure compliance. Whilst most staff were compliant with IPC best practice, one staff member was not compliant with the use of personal protective equipment (PPE) and hand hygiene. This was discussed with the management team who provided written confirmation of the action taken to address this with ongoing monitoring to ensure sustained compliance.

A number of IPC shortfalls were identified within the environment for example; there was inappropriate storage of patient equipment/belongings within communal bathroom areas; there was staining to identified armchairs and surface damage was evident to identified furniture which could therefore not be effectively cleaned. These and any other findings were discussed in detail with the management team and an area for improvement has been stated for a second time.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Jeya Pratheeksha has been the manager in this home since 9 January 2015.

Patients and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

There were systems in place to ensure that accidents and incidents were notified to patients' next of kin, the trust and to RQIA. However, a number of notifiable events had not been submitted to RQIA. An area for improvement has been stated for a second time.

Review of the most recent Adult Safeguarding (ASG) position report completed by the manager on 5 May 2022, evidenced that a position report was not being completed on a yearly basis. An area for improvement was identified.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. However, as mentioned above in section 3.3.4 there were a number of environmental findings that had not been identified by the management team during audits completed of the home. The responsible individual agreed to complete a detailed environmental audit of the home and to submit the action plan to RQIA once completed. An area for improvement was identified.

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	7*	9*

* The total number of areas for improvement includes one regulation and three standards that have been stated for a second time and one standard that has been stated for a third time. Three areas for improvement have been 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 28 October 2025	The registered person shall ensure that medication is administered safely under staff supervision. 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.
Area for improvement 2 **Ref:** Regulation 22 (1) (b) **Stated:** First time **To be completed by:** 31 December 2025	The registered person shall expedite the discussions with the Western Health And Social Care Trust (The Trust) in order that the monies held on behalf of the resident, no longer residing at the home, are returned to the Trust. 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.
Area for improvement 3 **Ref:** Regulation 30 **Stated:** Second time **To be completed by:** 5 August 2026	The registered person shall ensure all notifiable events are reported to RQIA in a timely manner. Ref: 2.0 and 3.3.5
	Response by registered person detailing the actions taken: Notifiable events have been reported to RQIA in a timely manner since the last inspection. This practice will continue to be monitored to ensure ongoing compliance.
Area for improvement 4 **Ref:** Regulation 21 (1) (b) **Stated:** First time **To be completed by:** 5 August 2026	The registered person shall ensure that recruitment is completed in line with legislative requirements and that evidence of this is available within staff recruitment files. Ref: 3.3.1
	Response by registered person detailing the actions taken: Recruitment is completed in line with legislative requirements, and any employment gaps are appropriately explored and documented.

Area for improvement 5 **Ref:** Regulation 20 (1) (c) (ii) **Stated:** First time **To be completed by:** 5 August 2026	The registered person shall ensure that NISCC registration checks for care assistants provide a clear record of all care assistants working in the home and their NISCC registration status. Ref: 3.3.1
	Response by registered person detailing the actions taken: NISCC registration checks are completed monthly.Clear and accurate records are maintained for all care staff, including their current NISCC registration status. Records have been amended in line with the inspector's recommendations.
Area for improvement 6 **Ref:** Regulation 14 (2) (a) **Stated:** First time **To be completed by:** 5 August 2026	The registered person shall ensure that chemicals are suitably labelled and securely stored. Ref: 3.3.4
	Response by registered person detailing the actions taken: All staff have been reminded of the importance of COSHH compliance. spot checks have been completed to ensure that chemicals are stored appropriately.
Area for improvement 7 **Ref:** Regulation 10 (1) **Stated:** First time **To be completed by:** 5 August 2026	The registered person shall ensure that the ASG position report is completed on a yearly basis and available within the home. Ref: 3.3.5
	Response by registered person detailing the actions taken: The ASG position report has now been completed and will be reviewed and updated annually.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 2.8 **Stated:** First time **To be completed by:** 9 December 2022	The registered person shall ensure that patients' written agreements are updated to reflect the current fee paid by, or on behalf of, the patients. The agreements should also reflect any third party charge paid on behalf of patients. The registered person shall ensure the review of patients' care plans are person centred and detailed. 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 2 **Ref:** Standard 4 **Stated:** Third time **To be completed by:** 5 August 2026	The registered person shall ensure the review of patients' care plans are person centred and detailed. Ref: 2.0 and 3.3.3
	Response by registered person detailing the actions taken: Mentioned care plan was reviewed and updated. All nurses are made aware of the person centred care plan and this will be included as part of monthly audit.
Area for improvement 3 **Ref:** Standard 41 **Stated:** Second time **To be completed by:** 5 August 2026	The registered person shall ensure staffing levels over the 24-hour period are sufficient to safely meet the needs of patients. Ref: 2.0 and 3.3.1
	Response by registered person detailing the actions taken: Dependency assessment have been completed and are reviewed regularly to ensure staffing levels remain appropriate to meet the needs of the residents safely. This will be continue to be monitored.
Area for improvement 4 **Ref:** Standard 22 **Stated:** Second time **To be completed by:** 5 August 2026	The registered person shall ensure the rationale for any change to the planned nursing interventions is clearly documented. This is in relation to the management of unwitnessed falls. Ref: 2.0 and 3.3.2
	Response by registered person detailing the actions taken: A staff meeting and clinical supervision have been completed to reinforce staff regarding the management of unwitnessed falls. This will be monitored more closely to ensure compliance.
Area for improvement 5 **Ref:** Standard 46 **Stated:** Second time **To be completed by:** 5 August 2026	The registered person shall ensure that measures are in place to ensure the home is clean and hygienic and to prevent the spread of infection. Ref: 2.0 and 3.3.4
	Response by registered person detailing the actions taken: Measures are in place to ensure high standard of cleanliness and hygienemainatined. High cleaning done regularly to maintain cleanliness and to prevent crosss infection. Audit/ spot checks will be continue to ensure compliance.
Area for improvement 6 **Ref:** Standard 23 **Stated:** First time **To be completed by:**	The registered person shall ensure that patients are repositioned in accordance with the recommended frequency stated within the care plan. The time entered within repositioning recording charts must be clear and not scored over. Ref: 3.3.2

5 August 2026	**Response by registered person detailing the actions taken:** A staff meeting and clinical supervision have been completed for all staff. staff have been reminded of the importance of adhering to residents repositioning charts and accurate recording times. compliance will be monitored.
Area for improvement 7 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 5 August 2026	The registered person shall ensure that a choking risk assessment is completed for any patient at risk of choking. Ref: 3.3.2
	Response by registered person detailing the actions taken: Choking risk assessment have been completed for the identified resident as being risk of choking. The assessments will be reviewed regularly.
Area for improvement 8 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 12 August 2026	The registered person shall ensure that care plans are reflective of the patients' current needs. With specific reference to SALT recommendations, moving and handling and pressure relieving equipment. Ref: 3.3.3
	Response by registered person detailing the actions taken: This was discussed with the relevant staff member and reminded to keep the relevant records only and previous SALT assessment was removed from the file immediately. Also, moving and handling requirements and pressure relieving equipment included in the care plans. This will be monitored through regular audits. .
Area for improvement 9 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 5 September 2026	The registered person shall ensure that a detailed environmental audit is completed of the home and that an action plan is implemented with time frames, person responsible for addressing and follow up by management to ensure that any issues identified are addressed in a timely manner. A copy of the environmental audit action plan is to be submitted to RQIA along with the response to this QIP. Ref: 3.3.5
	Response by registered person detailing the actions taken: Environmental audit was conducted by the Registered provider and Area manager. Action plan will be attched along with this QIP.

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

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