The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Lisadian House**

Provider: **Elim Trust Corporation**

Date of Inspection: **30 September 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:	Pastor 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 30 September 2026 from 9.15 am to 5.00 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 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 four areas for improvement were assessed as having been addressed by the provider. 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 they described as helpful and friendly. Patients' comments included: "The staff are lovely", "The staff are very good here. They (the staff) treat me with dignity and respect. The food is lovely and the activities are all very fun"; "Very happy with the care my husband receives" and "I think everything is very good. No complaints. The staff are all lovely. The food is ok, there is always a choice. I watch TV and listen to the radio. I enjoy the crosswords and quizzes."

Relatives and visitors commented positively about the overall provision of care within the home. We received three questionnaire responses from relatives. Comments included: "The care given to my mother is excellent. All members of staff are kind and very caring at all times" and "Everyone is very kind and approachable. Meals, medications and personal hygiene all done very well and good activities."

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. Comments included, "I am very happy here. The manager is great" and "The teamwork is very good and the manager is very supportive."

We did not receive 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.

Staff said that they were satisfied that the number and skill mix of staff on duty met the needs of the patients. Patients raised no concerns in relation to the staffing arrangements.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty and that staff responded to requests for assistance promptly in a caring and compassionate manner.

Checks were made to ensure nurses maintained their registrations with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council.

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 were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

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 important information about patients, especially changes to care, that they needed to assist them in their caring roles.

Patients may require special attention to their skin care. For example, some patients may need assistance to change their position in bed or get pressure relief when sitting for long periods of time. These patients were assisted by staff to change their position regularly. Minor deficits in record keeping were discussed with the manager who agreed to address this with identified staff as required.

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

Patients may need support with meals ranging from simple encouragement to full assistance from staff. It was observed that patients were appropriately supervised in keeping with their assessed needs.

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.

Management and staff understood the importance of engaging with patients. Patients were encouraged to participate in their own activities such as watching TV, listening to music, reading or chatting to staff and visitors. Arrangements were also in place to meet patients' social, religious and spiritual needs. An activity planner displayed highlighted events such as quizzes, crafts, round the world, pizza making, harvest service, patch craft, musical, room visits and bingo.

Examination of activity records evidenced gaps in evaluations of up to two months. Some records reviewed were repetitive and not person centred. There was no evidence that registered nursing staff had oversight of these records. There is a need for improvement in regard to the system in place for evidencing delivery of meaningful and patient centred activities. An area for improvement was identified.

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.

Review of a selection of care records evidenced that care plans were in place to meet patients assessed needs in a timely manner.

Nursing staff recorded regular daily evaluations about the delivery of care.

3.3.4 Quality and Management of Patients' Environment

The home was clean and tidy. Bedrooms and communal areas were warm and comfortable. For example, patients' bedrooms were personalised with items important to them. It was pleasing to note that many of the patient's bedrooms have been refurbished which included new flooring and furniture. Some of the flooring has also been replaced in the corridors. The manager confirmed there is a rolling refurbishment programme in place with plans to develop the garden area for patient's enjoyment.

Fire safety measures were in place to protect patients, visitors and staff in the home.

Systems and processes were in place to manage infection prevention and control (IPC) practices.

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.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly at the time. However, at least three notifiable events had not been submitted to RQIA as required. The manager agreed to notify RQIA retrospectively. 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. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home.

There was a system in place to manage any complaints received.

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	1	1

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 30 (1) (d) (f) **Stated:** First time **To be completed by:** 30 September 2026	The registered person shall give notice to RQIA without delay of the occurrence of any notifiable incident. All relevant notifications should be submitted retrospectively. Ref: 3.3.5
	Response by registered person detailing the actions taken: The registered person will ensure that any notifiable incidents will be reported without delay, and all registered nurses was provided with supervision on identifying and, reporting procedures.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 11 **Stated:** First time **To be completed by:** 30 September 2026	The registered person shall ensure that a comprehensive and person centred record of the activities delivered is retained. Records should evidence oversight by registered nursing staff. Ref: 3.3.2
	Response by registered person detailing the actions taken: Care Plan audit tool was reviewed and revised to include checks on the accuracy and consistency of planned activities and corresponding activity records.

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

The **Regulation** and **Quality Improvement** Authority

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