

Inspection Report

Name of Service: Lisburn Intermediate Care Centre

Provider: Beaumont Care Homes Ltd

Date of Inspection: 21 July 2025

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:	Beaumont Care Homes Ltd
Responsible Individual:	Mrs Ruth Burrows
Registered Manager:	Mrs Alfie Corvera
<p>Service Profile – This home is a registered nursing home which provides nursing care for up to 62 patients. General nursing care is provided on the ground and first floor of the home. Care for those with a dementia is provided on the lower ground floor. The basement houses kitchen, laundry and staffing facilities.</p>	

2.0 Inspection summary

An unannounced inspection took place on 21 July 2025 from 9.30am to 3.30pm by a care inspector and an estates inspector.

This inspection was initially intended 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 21 November 2024 and to determine if the home is delivering safe, effective and compassionate care and if the service is well led. However, contaminated water was found to have infiltrated the functioning kitchen and laundry rooms and given these concerns, this inspection focused on the environment.

As a result of this inspection, RQIA required the provider to attend a meeting in line with RQIA's enforcement procedures. An intention meeting to serve two Failure to Comply (FTC) notices was held on 25 July 2025. At this meeting an action plan was shared with RQIA outlining how the concerns identified have been met or were planned to be met. RQIA were satisfied with the assurances from the provider and decided to take no further enforcement action.

The three areas for improvement from the previous care inspection were carried forward for review to 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.

RQIA will re-inspect the home to ensure that compliance with the areas for improvement have been met and maintained.

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.

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

At the commencement of the inspection, prior to the change in focus, we spoke with staff and patients on the lower ground unit for patients with a dementia. Patients were well presented in their appearance and told us that they were happy in the home. One told us, "The staff here are good and helpful," and another commented, "It's dead on here; the staff are grand".

Staff were satisfied with the staffing arrangements and felt that they were trained well to perform their roles in the home. Staff felt that they worked well together and enjoyed engaging with the patients.

Two relatives consulted were very positive in relation to the care delivery. One told us, "We couldn't be happier with the care. The staff always go above and beyond". Another commented, "We are very happy with the care here".

3.3 Inspection findings

3.3.1 Quality and Management of Patients' Environment Control

Observation of the environment raised several significant concerns and six areas for improvement were made.

Serious concerns were identified regarding the lack of response and management oversight following the failure of two pumps serving the sewage pumping station. This resulted in the flooding of contaminated water in the kitchen where food was being prepared. The laundry and adjoining corridors were also contaminated with water. Following the inspection, we received confirmation that all areas had been deep cleaned. Alternative catering and laundry facilities were used while the deep clean was completed.

Staff informed the inspector that the flooding had been a persistent problem since 9 July 2025. Staff advised us that arrangements had been made with an external contractor for tankers to attend the home regularly and remove waste from the sewage pumping station while plans were made to replace the pumps. There was no evidence of any oversight of this arrangement by the registered manager or by Beaumont estates department to ensure it was effective in preventing the kitchen, laundry and adjoining corridors from being flooded with contaminated water. Additional governance measures are now in place to monitor and prevent a recurrence.

On the day of the inspection it was unclear what arrangements had been made to replace the failed water pumps and it was unclear when the first pump failed and why appropriate measures were not put in place to replace it in a timely manner. It is a requirement under the regulations; Regulation 27 (2) (q), that "the engineering services are maintained in good working order". RQIA is concerned that the pumping station was not maintained in good working order and that, when the first pump failed, they relied solely on the second pump and failed to make any arrangements to have the failed pump replaced, thus leaving the home with no back up pump.

RQIA are also concerned with the lack of openness and transparency during the inspection. The manager failed to advise the inspector, on their arrival to the home, of the issue and did not include a visit to the kitchen whilst showing the inspector around the home. However, when the inspector brought the matter to their attention their response indicated that they had been aware of the issue. The manager failed to notify RQIA in a timely manner in accordance with Regulation 30, of the failure of both water pumps and RQIA are concerned with the quality of the information provided in the retrospective notifications submitted.

The manager informed the inspector that they only became aware of the issue the day before the inspection. There was no evidence of a system in place for staff to report maintenance issues, faults or required repairs. Whilst the manager confirmed that they did complete a daily walk around the home there was no written evidence of this.

Despite the presence of contaminated flood water, the manager and the management team knowingly allowed staff to continue to store and prepare food in the kitchen. Staff were observed wheeling food trolleys through the contaminated water and taking these to the dining areas around the home, transferring the contaminated water to floors throughout the home.

It was ascertained from the Responsible Individual and the South Eastern Health and Social Care Trust that no patients became unwell during this time.

The staff changing and dining room continued to be in use which resulted in staff having to walk through the contaminated water on their way to the units placing the health of patients and staff at potential risk. In addition to the potential risk posed to patients, the presence of contaminated water in the basement area created a potentially unsafe working environment for staff.

On the day of the inspection the laundry was not operational due to the level of flooding; it was unclear what arrangements had been made to ensure clothes and linen were laundered. Prior to the conclusion of the inspection, it was confirmed that alternative arrangements had been made for the laundry service.

This is not the first time this issue has occurred in the home, with a similar issue noted during an RQIA inspection on 8 March 2021. It is concerning that this known risk was not better managed. Whilst RQIA acknowledge that the home was operated by a different provider at that time, the manager, estates manager and other members of the management team were in post at the time of the previous occurrence and would have been aware of the risks.

In order to effectively manage the identified risks RQIA had to seek assistance from the local Environmental Health Manager (EHM) from Lisburn and Castlereagh Council who attended and immediately closed the kitchen to use. The EHM confirmed that the incident will be investigated and is likely to result in further legal action against the Provider. The EHM was able to offer advice as to how to maintain the continuity of services and food provision by using the facilities in the adjacent nursing home, Lisburn Care Home (RQIA ID: 1265). The failure to notify RQIA and/or other relevant agencies denied the home access to key support in managing this incident. It is disappointing that RQIA had to intervene to such an extent to ensure the safety and wellbeing of the patients accommodated in 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	6	3*

*The total number of areas for improvement includes three 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 Alfie Corvera, Registered Manager and Mrs Judy Derby, Regional 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (21 July 2025)</p>	<p>The registered person shall ensure that when a fault has been identified; evidential checks are put in place to monitor the fault to prevent recurrence.</p> <p>This is in reference to the overflowing manhole in the kitchen.</p> <p>Ref: 3.3.1</p> <hr/> <p>Response by registered person detailing the actions taken: The Registered person will ensure that when faults are identified that these are escalated to the appropriated persons as a matter of priority. Regular updates will be requested until repaired/replaced. In relation to the overflowing manhole, the two failed pumps have now been replaced and are fully operational. The previous alert Beacon that was in the nurse's station is not fully operational, so daily checks on the pumping station are being completed until the issue can be rectified or alternative sought. Checks on the manholes in the kitchen will continue to be completed on a daily basis. The 24hr shift report had been amended to reflect Nurse in Charge oversight of both checks. A draft SOP and Action Card has been developed as to what actions are to be taken in the event of a fault being identified. Supervisions are being completed with all trained staff to ensure they are aware of actions to be taken.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (2) (q)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (21 July 2025)</p>	<p>The registered person shall ensure that engineering services are maintained in good working order and that there are evidence of any checks made.</p> <p>This is in reference to the failed water pumps.</p> <p>Ref: 3.3.1</p> <hr/> <p>Response by registered person detailing the actions taken: Contractors are in the process of providing details to commence a 6 monthly check of the pumps to ensure there is evidence of regular maintenance checks being carried out.</p>
<p>Area for improvement 3</p>	<p>The registered person shall ensure that RQIA are notified of all notifiable events and in a timely manner.</p>

<p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (21 July 2025)</p>	<p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: The Registered Person will ensure that all events that are notifiable to the RQIA are reported in a timely manner. In the event of the absence of the Home Manager, the Deputy Manager will complete the appropriate notifications. Spot checks will be completed by Operations Manager during visits to ensure compliance.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (1)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (21 July 2025)</p>	<p>The registered person shall ensure that the premises are maintained well and that records are kept of all faults reported and repairs made.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: Supervision on effective communication has been completed with all staff to ensure that any faults or estate issues are reported to the appropriate person in a timely manner. A Maintenance Book has been introduced in the basement for recording any faults/issues. This book will be checked by Maintenance Person and, actions taken will be recorded. All maintenance request books have been updated to reflect actions taken following receipt of a fault. These books will be spot checked by the Registered Person during walkabout audits and by the Operations Manager during completion of the Reg 29 audit.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (21 July 2025)</p>	<p>The registered person shall ensure that records are maintained of internal governance checks on the environment.</p> <p>This will include any manager's daily walk around checklists.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: The Manager's Walkabout Audit template has been amended to include environmental focus areas of the Home, which is being completed several times each week. The checking on the functioning of the sewage pumps has been added to 24 Hour Shift Report for the staff to document any issues identified and actions taken at the time. In Manager's absence, the Deputy Manager will complete the walkabout audits and raise any concerns with the Operations Manager, if required. Compliance will be spot checked by Operations Manager during monthly visits.</p>

Area for improvement 6 Ref: Regulation 27 (5) Stated: First time To be completed by: With immediate effect (21 July 2025)	The registered person shall ensure that relevant breaches in environmental safety are reported, without delay, to the local government Environmental Health Department. Ref: 3.3.1 Response by registered person detailing the actions taken: The Registered Person will ensure that going forward that any relevant breaches in environmental safety will be reported without delay to the Government Environment Health Department.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for Improvement 1 Ref: Standard 23 Stated: First time To be completed by: 31 December 2024	The registered person shall ensure that where a patient has been assessed as requiring repositioning: <ul style="list-style-type: none"> • repositioning regimes are recorded on patient records • entries recorded are time-specific 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 37 Stated: First time To be completed by: 21 November 2024	The registered person shall ensure that any entries made into patients' care records are dated by the person making the entry. This is in relation to the recording of clinical observations. 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 3 Ref: Standard 44 Stated: First time To be completed by:	The registered person shall ensure that the premises are well maintained and decorated to an acceptable standard. Ref: 2.0

31 January 2025	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.
-----------------	--

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



The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews