The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Lisburn Intermediate Care Centre**

Provider: **Beaumont Care Homes Ltd**

Date of Inspection: **7 January 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:	Beaumont Care Homes Ltd
Responsible Individual:	Mrs Ruth Burrows
Registered Manager:	Mrs Alfie Corvera

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.

2.0 Inspection summary

An unannounced inspection took place on 7 January 2026 from 9.35am to 5.35pm 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 21 July 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that compassionate care was delivered to patients. Patients spoke positively when describing their experiences of living in the home. Refer to Section 3.2 for more details.

As a result of this inspection the areas for improvement from the previous care inspection were assessed as having been addressed. New areas for improvement were identified. Details can be found in the main body of the 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 told us that they were happy living in the home and that they were treated well by staff who were caring and supportive. Patients' comments included, "I am happy here. The staff are very nice and the food's good. It's always clean and tidy". Another commented, "I am very happy here; staff are very friendly". Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. We received two patients' questionnaire responses. One raised some care concerns which were shared with the manager for their review and action as appropriate. The second was positive in relation to the care delivery.

Relatives consulted were positive in their feedback on care provision. One told us, "I'm always made to feel welcome when I come in; no complaints. I am happy with the care". We received five questionnaire responses from relatives who were positive in their feedback. One commented, "Very happy with the care provided and care given. Quiet environment; small unit with individual care". Another commented, "Excellent; staff always available when needed. Also, care provided is always excellent".

Staff told us that they were happy working in the home and enjoyed engaging with the patients. They felt that they worked well together and were supported by management to do so. There was no responses from the staff online survey.

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. Staff confirmed that they had been inducted well to the home's policies and procedures at the commencement of their employment. Mandatory training was part of the induction process and overall 97% of all staff were compliant with mandatory training requirements. Staff also confirmed that they were further supported through staff supervisions and appraisals.

Checks were made to ensure nurses maintained their registrations with the Nursing and Midwifery (NMC) Council and care staff with the Northern Ireland Social Care Council (NISCC). Although, a deficit was identified on NISCC checks at the point of recruitment. This was discussed with the manager and identified as an area for improvement.

Staff confirmed that they had attended recent staff meetings to aid in the communication within the home. Minutes of meetings were available to staff unable to attend the meeting to read and update.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

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. Patients spoke fondly about the staff. A relative commented, "(name) is well looked after and if anything needs discussed they contact me as next of kin".

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs. Staff were also observed offering patients choice in how and where they spent their day or how they wanted to engage socially with others.

Multiple caring and compassionate interactions between staff and patients were observed during the inspection, however, discussion with a patient identified a practice which was not in keeping with the preservation of patient dignity during personal care delivery. This was discussed with the manager and identified as an area for improvement.

All nursing and care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about patients' needs, especially changes to care. Staff received handover sheets containing relevant

individualised clinical care needs and additional personalised needs as appropriate. Staff were allocated daily to which patients they were to assist with and which duties they responsible to complete during their shift.

Patients who required special attention with skin care were assisted by staff to change their position regularly and care records accurately reflected the patients' assessed needs. Records of repositioning had been recorded contemporaneously. Where a patient required topical preparations, records of the administrations had also been recorded well. All staff consulted on the day of the inspection were aware of the actions that they should take, dependant on their role, when a patient was found with a bruise on their skin.

Patients had good access to food and fluids throughout the day and night. Patients were safely positioned for their meals and the mealtimes were appropriately supervised. Staff communicated well to ensure that every patient received their meals in accordance with their assessed needs. Food was only served when the patients were ready to eat and the meals served appeared appetising and nutritious. Patients' food and fluid intake records had been completed well.

The menu offered patients a choice of meal and included a good range and variety of foods. Although, we were informed during the inspection of reasonable requests for selected alternatives to the menu choices being refused from the kitchen. This was discussed with the manager and identified as an area for improvement.

Three activities therapists were employed, one on each floor, to oversee activity provision in the home. During the inspection they were observed actively engaging with patients. A January 2026 programme of activities was displayed identifying upcoming activities. These included one to one room visits and group activities. Each patient's engagements in activities was recorded within their care records.

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 the patients' needs. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

Risk assessments and care plans were reviewed regularly to ensure that they remained reflective of patient need. We discussed the importance of reading through the care plans when reviewing to ensure that all the details were reflective of the named patient. Care records were stored securely.

Supplementary care records were maintained to evidence care delivery.

Nurses completed daily progress notes to monitor and evaluate the care delivered to the patients in their care.

3.3.4 Quality and Management of Patients' Environment

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished, warm and comfortable. A plan was in place for refurbishment in identified areas. There were no malodours in the home.

Fire safety measures were in place to protect patients, visitors and staff. Corridors and fire exits were clear of clutter and obstruction should the need to evacuate occur and fire extinguishers were easily accessible. Staff had attended fire training and fire safety checks were regularly conducted. Although, doors were identified propped open rendering them unable to close in the event of a fire alarm sounding. This was identified as an area for improvement.

Hazards in the form of chemicals and thickening agent were found accessible to patients in two areas of the home. An area for improvement was identified.

Monthly infection control and environmental audits were completed to monitor the environment and staffs' practices. The manager confirmed that, in addition to this, they conducted a daily walk around the home to monitor the environment and practices. Personal protective equipment was readily available throughout the home. However, equipment was identified within two storage areas which had not been cleaned effectively. In addition, staff personal belongings were stored inappropriately and in contact with patients' hoist slings. Areas for improvement were identified.

Issues identified with the pumping station at the previous care inspection had now been rectified and safety checks in place to prevent a recurrence. Since the last inspection all environmental issues identified had been recorded and included the corresponding actions taken to remedy the issue.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Alfie Corvera remains as Registered Manager. Staff commented positively about the manager and described her as supportive and approachable.

In the absence of the manager there was a nominated nurse-in-charge (NIC) to provide guidance and leadership. The NIC was clearly identified on the duty rota.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. Deficits identified within care plan audits were included within an action plan. Ways of enhancing this process were discussed with the manager. The manager had a suite of weekly and monthly audits to complete.

The number of complaints to the home was low. There was a system in place to manage any complaints received. Ways of enhancing the recording of complaints was discussed with the manager. We also discussed improved methods of capturing and sharing compliments received in the home.

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. Patients 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. A relative commented, "Queries are dealt with quickly and efficiently".

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	3	4

Areas for improvement and details of the Quality Improvement Plan were discussed with Alfie Corvera, 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 21 (1) (b) **Stated:** First time **To be completed by:** With immediate effect (6 January 2026)	The registered person shall ensure that care staff, previously registered on the NISCC register and now lapsed, have fully re-registered prior to commencing employment. Ref: 3.3.1
	Response by registered person detailing the actions taken: The Home Manager/Deputy Manager will ensure that applicants who have previously been registered with NISCC are fully registered before commencing employment. Compliance will be monitored by the Operations Manager during Reg 29 visits.
Area for improvement 2 **Ref:** Regulation 27 (4) (d) (i) **Stated:** First time **To be completed by:** With immediate effect (6 January 2026)	The registered person shall ensure that doors in the home are not propped open; preventing closure in the event of a fire bell sounding. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Home Manager and Deputy Manager will monitor that fire doors are not propped open during the Walkabout Governance Audits. Any non-compliance will be dealt with appropriately. The

	Maintenance person will also check to ensure that fire doors close after each weekly fire alarm tests. If remedial work is required then this will be reported and actioned within an acceptable time scale. The Operations Manager will also carry out spot checks to ensure compliance during Reg 29 visits.
Area for improvement 3 **Ref:** Regulation 14 (2) (a) (c) **Stated:** First time **To be completed by:** With immediate effect (6 January 2026)	The registered person shall ensure that hazards are not accessible to patients in any area of the home. This is in reference of access to unsupervised chemicals and thickening agents. Ref: 3.3.4
	Response by registered person detailing the actions taken: The security of chemicals and thickening agents has been discussed at recent staff meetings. The Home Manager and Deputy Manager will monitor to ensure that chemicals and thickening agents are stored securely during Walkabout Governance Audits in the units. Operations Manager will also carry out spot checks during Reg 29 visits.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 6 **Stated:** First time **To be completed by:** With immediate effect (6 January 2026)	The registered person shall ensure that personal care is delivered to patients in a dignified manner. Ref: 3.3.2
	Response by registered person detailing the actions taken: The delivery of personal care has been discussed with staff at hand over and at staff meetings. Supervision has also been completed with staff to refresh the importance of providing and maintaining dignity during provision of personal care. Trained staff will continue to monitor the care delivery on a day-to-day basis, any concerns will be reported to Home Manager or Deputy Manager.

Area for improvement 2 **Ref:** Standard 12 **Stated:** First time **To be completed by:** With immediate effect (6 January 2026)	The registered person shall ensure that when a patient prefers an alternative to the menu choices, a suitable alternative is provided. Ref: 3.3.2
	Response by registered person detailing the actions taken: The provision of alternative menu choices has been discussed with Cook Manager. The menu choice sheet has been updated to reflect the alternative choices that will be available for each main meal. The menus have also been reviewed and new menus have been introduced. Provision of alternative meal choices will be monitored during the Walkabout Governance Audit and spot checks will be carried out by Operations Manager during Reg 29 visits
Area for improvement 3 **Ref:** Standard 46 Criteria (2) **Stated:** First time **To be completed by:** With immediate effect (6 January 2026)	The registered person shall ensure that patient equipment is maintained clean before/after each patient's use. Ref: 3.3.4
	Response by registered person detailing the actions taken: The appropriate cleaning of resident's equipment has been discussed with staff at hand over and at staff meetings. The cleaning schedule for wheelchairs has been reviewed and the frequency of cleaning has been increased. Monitoring will be completed during Governance Walkabout Audit by Home Manager and Deputy Manager. This will also be monitored during the Operations Manager's Reg 29 visit.
Area for improvement 4 **Ref:** Standard 46 **Stated:** First time **To be completed by:** With immediate effect (6 January 2026)	The registered person shall ensure that staffs' personal belongings are stored appropriately and do not pose a risk of cross-contamination to patients' equipment. Ref: 3.3.4
	Response by registered person detailing the actions taken: The storage of staff belongings has been discussed with staff at hand over and at staff meetings. An additional storage cupboard has been put in place in the staff area to serve as storage for staff belongings. Monitoring will be completed during Governance Walkabout Audits by the Home Manager and Deputy Manager. This will also be monitored during the Operations Manager's Reg 29 visit.

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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