The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Lisburn Care Home**

Provider: **Beaumont Care Homes Limited**

Date of Inspection: **25 August 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:	Beaumont Care Homes Limited
Responsible Individual:	Mrs Ruth Burrows
Registered Manager:	Ms Ana Maria Roman
Service Profile – This home is a registered nursing home, which provides nursing care for up to 38 patients. The home is divided over two floors and provides general nursing care for over 65 years of age and patients with a physical disability over and under 65 years of age. Patients have access to a range of communal spaces such as lounges, a dining room and an enclosed patio area at the front of the building.	

2.0 Inspection summary

An unannounced inspection took place on 25 August 2026 from 9.00 am to 4.30 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 two 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: "I'm more than happy with the care. It's brilliant. All the staff are really good", "I have no concerns about the care", "The staff are very good, understanding and sensitive to my needs. The food is good" and "We are very happy here. We talk to each other, watch TV and have visitors."

Relatives and visitors commented positively about the overall provision of care within the home. Comments from relatives included, "I think the care and the staff are very good. Nothing is a problem."

Staff spoken with said that Lisburn Care Home was a good place to work and said the teamwork was very good. Staff commented positively about the manager and described her as supportive and approachable. Comments included, "The teamwork is really good. I am new here, and they are very supportive" and "The manager is very good. A good support"

We did not received any responses from the staff online survey. We received four questionnaire responses from patients or their visitors who were complimentary regarding the care provided. Comments received included, "Excellent care provided. I know that the staff are always on hand if I require anything. Helps me feel safe that someone is always around"; "What I think about the care here is second to none. There is nurses in here who went out of there way to sort me out. Time of day meant nothing. You could not find fault with the treatment from

all the staff. If you're looking for faults don't look here" and "Clean and well run. Staff are friendly."

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. It was observed that patients did not have control over who enters their bedroom as a number of doors to bedrooms did not have a locking system. An area for improvement was identified.

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.

It was observed that a number of patient's oral hygiene needs were not met. It was unclear from the records reviewed how often oral hygiene was offered, particularly if patients refused to have these care needs met. Care staff should record when care has been offered but refused and evidence any further attempts that were made for care delivery. Details were discussed with the deputy manager during inspection feedback and assurances were provided that all patients' personal care needs had been attended to. An area for improvement were identified.

Medication was observed on the bedside table of two identified patients. Discussions with staff confirmed the medication had been administered to the patient that morning, although they had not taken it. This was discussed with the deputy manager who gave assurances that medicine administration competencies would be addressed with the relevant staff. This information was shared with the aligned pharmacy inspector. An area for improvement was identified.

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.

Patients may need support with meals ranging from simple encouragement to full assistance from staff. It was observed that some patients were not appropriately supervised in keeping with their assessed needs. An area for improvement was identified.

Observation of the lunchtime meal, review of records and discussion with patients, staff and the deputy 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 movies, one to one activities, shopping, gardening club, painting and bingo. Patients said they were looking forward to a harpist visiting the home.

Activity records reviewed confirmed gaps in record keeping of up to two months. Other records reviewed were repetitive, not person centred and lacking in sufficient detail. There was no evidence that registered nursing staff had oversight of these records or of the care plans. There is a need for improvement in regard to the system in place for evidencing delivery of meaningful and patient centred activities. Two areas for improvement were 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: some of these had been completed prior to midday and no further entries had been made to reflect the care delivered throughout the remainder of the day. Some daily and monthly evaluations of care contained repetitive statements which were not person centred. An area for improvement was identified.

Some supplementary care records such as hourly checks, food and fluid intake, personal care and repositioning charts were not completed contemporaneously. Gaps in record keeping were also identified. An area for improvement was identified.

Information relating to patient care and treatment was observed to be accessible in the nurses' office as the door was unlocked and the room was unsupervised. Further information was accessible and unsupervised in a lounge. This was discussed with staff who took necessary action to secure access to the information. An area for improvement was identified.

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.

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

Robust systems and processes were not in place to manage infection prevention and control (IPC) practices. For example, staff were using vinyl gloves which is unsafe for staff as the use of vinyl gloves is not indicated for use in healthcare.

Observation of staff and their practices evidenced that basic IPC practices were not consistently adhered to. For example, all staff did not use personal protective equipment (PPE) correctly or take opportunities for hand hygiene particularly after contact with patients and the patients' environment. An area for improvement was identified.

Discussion with the deputy manager confirmed there was no identified nurse to lead on IPC procedures and compliance within the home. Assurances were given that a registered nurse would be identified to lead on this role.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Ana Maria Roman has been the manager since 27 August 2019.

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.

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	4	6

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Princess Lidisan, Deputy 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 13 (1) (a) (b) **Stated:** First time **To be completed by:** 25 August 2026	The registered person shall ensure that any patient that requires oral hygiene has their needs met as planned and accurate records of oral care delivery are maintained. Ref: 3.3.2
	Response by registered person detailing the actions taken: Staff have been reminded during flash meetings and sharing of inspection report of the importance of accurately recording all oral care provided and documenting any refusals of oral care. A new Daily Care Chart is currently being trialled within the home to support more detailed recording of personal care interventions, including oral care and any subsequent attempts following an initial refusal. These charts are kept in residents' rooms and are used by care staff to document all personal care delivered throughout the day. Where a resident refuses personal care, staff are required to make a further attempt during the same shift and record both the additional intervention and the outcome on the Daily Care Chart. Trained staff undertake daily spot checks of these records, sign to confirm review and address any gaps/non-compliance in documentation directly with the staff member concerned. To provide additional oversight, Home Manager/Deputy Manager will complete daily spot checks on a minimum of 10% of Daily Care Charts. Compliance with the completion and accuracy of these records is also monitored as part of the monthly Reg 29 visits undertaken by Operations Manager/Regional Support Manager.
Area for improvement 2 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 25 August 2026	The registered person shall review the process for the administration of medicine and ensure that nurses remain with patients until medication has been taken. Ref: 3.3.2
	Response by registered person detailing the actions taken: All trained staff have been informed of the issue identified regarding medication administration through the completion of individual clinical supervision sessions. This has been completed with all nursing staff and best practice standards for safe medication administration have been reinforced.

	Annual Medication Competency Assessments have been renewed for all trained staff to ensure continued competence and compliance with medication management procedures. Ongoing monitoring of medication administration practices will be undertaken by the Home Manager/Deputy Home Manager as part of Walkabout Audits. In addition, medication practices will continue to be reviewed during Reg 29 visits by Operations Manager/Regional Support Manager.
Area for improvement 3 **Ref:** Regulation 13 (1) (b) **Stated:** First time **To be completed by:** 25 August 2026	The registered person shall ensure that patients are appropriately supervised in accordance with their assessed needs at mealtimes. Ref: 3.3.2
	Response by registered person detailing the actions taken: The Home Manager has completed a review of resident supervision arrangements during meal times, with a particular focus on the allocation of trained staff. Following this review, the mealtime routine has been amended to ensure that each resident receives the recommended level of supervision and support during meal service. A nurse (when available) or mealtime Champion is assigned to oversee residents who choose to dine in the dining room, while a second staff member will be allocated for supervising and supporting residents who prefer to have their meals in their bedrooms. The Monthly Dining Experience Audit will continue to be completed to assess the quality of residents' mealtime experiences and to identify any areas for improvement. Ongoing monitoring of mealtime supervision will also be undertaken by the Home Manager/Deputy Manager through Walkabout Audits. In addition, mealtime supervision arrangements will continue to be reviewed during Reg 29 visits by Operations Manager/Regional Support Manager.

Area for improvement 4 **Ref**: Regulation 13 (7) **Stated:** First time **To be completed by:** 25 August 2026	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. This area for improvement relates to the following: • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene Ref: 3.3.4
	Response by registered person detailing the actions taken: A review has been conducted regarding the types of gloves utilised within the home and care staff will use nitrile gloves, while kitchen staff will use vinyl gloves. This change has been communicated to all staff during flash meetings and sharing of the report. The Infection Control Audit and PPE & Hand Hygiene Audits will continue to be completed on a monthly basis. The frequency of PPE & Hand Hygiene Audits will be increased should the need arise. The person completing the audit will provide feedback to individual staff members where necessary, it is mandatory for staff to sign the audit form following each observation to confirm feedback has been received. The Home Manager/Deputy Manager will continue to monitor practice during Walkabout Audits and will provide immediate feedback to any staff member found to be non-compliant with IPC procedures. Any continued instances of non-compliance will result in mandatory retraining and, where appropriate, through the Company's HR procedures. Compliance with hand hygiene, PPE usage and infection prevention and control practices will also be observed by the Operations Manager/Regional Support Manager during Reg 29 visits to ensure ongoing adherence with best practice.

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref**: Standard 48.6 **Stated:** First time **To be completed by** 25 November 2026	The registered person shall ensure that patients have control over who goes into their bedroom, toilet and shower room. These areas should have a locking system that the patient can lock, but may be opened by staff in emergencies. Ref: 3.3.2
	Response by registered person detailing the actions taken: Staff ensure residents privacy is maintained at all times and particularly when they are in their rooms or bathrooms. A suitable locking mechanism for all bedroom and bathroom doors which can be locked by residents but may be opened if needed are currently being sourced, locks will be fitted in due course.
Area for improvement 2 **Ref:** Standard 11 **Stated:** First time **To be completed by:** 25 August 2026	The registered person shall ensure that a comprehensive and person centred record of the activities delivered is retained. Ref: 3.3.2
	Response by registered person detailing the actions taken: The Home Manager has discussed the findings of the inspection with the Personal Activity Therapist. Social History Assessments and Activity Questionnaires have been completed with all residents and, where appropriate, their next of kin. Care plans have subsequently been reviewed and updated to include information gathered through these assessments, ensuring they are individualised and person centred. Residents' meetings will continue to be held on a quarterly basis and will include an agenda item focusing on activities and meaningful engagement. The Activity Board will be kept updated to reflect weekly activities and events, ensuring residents, relatives and visitors are informed of the programme available. The Home Manager/Deputy Manager will undertake weekly audits of activity records to ensure documentation is completed appropriately, accurately reflects the activities undertaken and records each resident's level of participation and engagement. Monthly meetings will be held between Home Manager/Deputy Manager and Personal Activity Therapist to review activity records, evaluate engagement levels and develop activity plans for the forthcoming month. In addition, activity records will be spot checked during Reg 29 visits by Operations Manager/Regional Support Manager to provide ongoing oversight.

Area for improvement 3 **Ref:** Standard 4.9 **Stated:** First time **To be completed by:** 25 August 2026	The registered person shall ensure that activity care plan evaluations evidence oversight by registered nursing staff of activities delivered. Ref: 3.3.2
	Response by registered person detailing the actions taken: The identified action was discussed with all trained staff during flash meetings and sharing of the report to ensure awareness and understanding of the issue. Activity care plans have been reviewed and updated where required and have been signed to evidence trained staff oversight and involvement. Monthly activity evaluations will be completed jointly by the Personal Activity Therapist and trained staff. Evaluations will be person-centred, meaningful, and reflective of each resident's participation, engagement, and outcomes achieved since the previous review. Home Manager/Deputy Manager will monitor activity records and care plans through weekly audits. In addition, spot checks will be carried out during Reg 29 visits by Operations Manager/Regional Support Manager to provide further oversight.
Area for improvement 4 **Ref:** Standard 6.6 **Stated:** First time **To be completed by:** 25 August 2026	The registered person shall ensure that nursing staff evaluate care in a meaningful manner and at an appropriate time. Ref: 3.3.3
	Response by registered person detailing the actions taken: Care Planning and Evaluation Training has been arranged for all trained staff, training will be delivered by the Care Quality Manager. Training was held on 30 September 26, and a further date is arranged on 28 October 26. The training will focus on ensuring that daily progress notes accurately reflect each resident's presentation and wellbeing which are person-centred and meaningful. Staff will be reminded of the importance of maintaining clear, contemporaneous records that demonstrate individualised care and support. To further improve documentation practices, the timing of daily progress note completion has been amended to late afternoon/evening. This change will ensure that entries capture the resident's experiences and care provided across the full shift. Additional entries will be made prior to handover to night staff where any significant changes or updates require recording. Home Manager/Deputy Manager will undertake regular spot checks of daily progress notes as part of Walkabout Audits to ensure that documentation remains person centred, comprehensive, and completed at an appropriate time to reflect the entirety of the shift.

	In addition, daily progress records will be reviewed during Reg 29 visits by the Operations Manager/Regional Support Manager to provide oversight that recording standards are maintained and sustained.
Area for improvement 5 **Ref:** Standard 4.9 **Stated:** First time **To be completed by:** 25 August 2026	The registered person shall review the current system in place to ensure that supplementary care records are accurately maintained and completed contemporaneously. Ref: 3.3.3
	Response by registered person detailing the actions taken: All supplementary care records for each resident have been reviewed to ensure that all required monitoring charts are in place. Supervision has been completed with care staff to reinforce the importance of accurate and timely completion of supplementary charts and to emphasise their responsibility for maintaining clear and contemporaneous records. Trained staff have the responsibility for undertaking daily compliance checks of supplementary charts. Evidence of these checks will be demonstrated through staff signing the charts reviewed. Any identified omissions or instances of non-compliance will be addressed promptly through individual supervision and performance management processes. Ongoing oversight will be maintained by Home Manager/Deputy Manager through Walkabout Audits to monitor the completion and quality of supplementary documentation. In addition, supplementary charts will be spot checked during Reg 29 visits by Operations Manager/Regional Support Manager.

Area for improvement 6 **Ref:** Standard 37 **Stated:** First time	The registered person shall ensure that information about a patient's health and treatment is securely stored to ensure patient information is only accessible to those with permission. Ref: 3.3.3
To be completed by: 25 August 2026	**Response by registered person detailing the actions taken:** All staff have been informed of the issue through flash meetings and by sharing the inspection report. All staff have completed Information Governance, Data Protection, and GDPR training via the Beaumont E-Learning Platform to reinforce understanding of confidentiality and record management requirements. Shelving has been installed in each resident's bedroom to accommodate individual supplementary folders. Resident care records will continue to be stored securely within the locked nurses' station. Staff have been reminded of their responsibility to ensure the nurses' station door remains locked whenever the room is unattended. Compliance will be monitored through regular spot checks by Home Manager/Deputy Manager as part of the Walkabout Audit process. In addition, Operations Manager/Regional Support Manager will verify ongoing compliance during monthly Reg 29 visits.

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

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

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