

# Inspection Report

2 March 2023



## Leabank

**Type of Service: Nursing Home**  
**Address: 1 Beechwood Avenue,**  
**Ballycastle, BT54 6BL**  
**Tel no: 028 2076 3392**

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Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation:</b> Leabank  <b>Responsible Individual:</b> Mr Brian & Mrs Mary Macklin	<b>Registered Manager:</b> Mrs Lyndsay Boyd – not registered
<b>Person in charge at the time of inspection:</b> Mrs Lyndsay Boyd	<b>Number of registered places:</b> 53  A maximum of 9 patients in category NH-DE.
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. DE – Dementia.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 49
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Nursing Home which provides both general nursing care and care for people living with dementia. The home is divided into three units over two floors. General nursing care is provided in the Fairhead unit upstairs and the Bonamargy unit downstairs. Also located downstairs is the Rathlin Suite which provides care for up to nine people living with dementia. Patients have access to communal lounges and dining rooms.	

## 2.0 Inspection summary

An unannounced inspection took place on 2 March 2023, 9.45 am to 4.00 pm, by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was warm, clean and comfortable. Patients were well presented in their appearance and appeared happy and settled in the home. Comments from patients were positive in regards to their interactions with staff and with the food provision in the home. Those patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Two new areas for improvement were identified during the inspection and are detailed throughout this report and within the Quality Improvement Plan (QIP) in section 6.0.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led by the manager.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

### **4.0 What people told us about the service**

Patients spoken with on an individual basis told us that they were happy with their care and with the services provided to them in Leabank. Patients described the staff as "lovely" and "very good." One patient commented "You couldn't get a nicer place than here".

Staff told us that they enjoyed working in the home and described good teamwork amongst their colleagues. Staff were satisfied with the staffing levels and the support from the new manager and deputy manager.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 09 November 2022		
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 41  <b>Stated:</b> First time	The registered person shall ensure that the staff duty rota is maintained in keeping with legislation and best practice guidance; and does not evidence the use of correction fluid.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients.

There were systems in place to ensure staff were trained and supported to do their job.

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

The duty rotas accurately reflected the staff working in the home over a 24-hour period. Staff absences were recorded on the rota and the person in charge in the absence of the manager was clearly highlighted.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management. The staff members were seen to respond to patients' needs in a timely manner and were seen to be warm and polite during interactions. It was clear through these interactions that the staff and patients knew one another well.

### **5.2.2 Care Delivery and Record Keeping**

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 met at the beginning of each shift to discuss any changes in the needs of the patients. Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

Patients who are less able to mobilise require special attention to their skin care and were assisted by staff to change their position. A review of repositioning records evidenced that patients were repositioned as prescribed in their care plans. The repositioning records were well maintained.

Patients who required care for wounds had this clearly recorded in their care records and records evidenced the wounds were dressed by the nursing staff as planned.

Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed. Review of records confirmed that staff took appropriate action in the event of a fall, for example, they completed neurological observations and sought medical assistance if required.

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 could include simple encouragement through to full assistance from staff. The mealtime was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. There was a variety of drinks available. Staff attended to patients in a caring manner. The patients commented positively about the food; "The food is delicious".

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was warm, clean and comfortable. Patients' bedrooms were clean, tidy and personalised with items of importance to each patient, such as family photos and sentimental items from home.

A number of patients were observed in their bedrooms without their call bell within reach, this was discussed with the manager and an area for improvement was identified.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear.

Thickening agents were observed on two separate occasions throughout the inspection in the downstairs dining room, thickening agents should be kept secured when not in use; an area for improvement was made.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

#### **5.2.4 Quality of Life for Patients**

During the inspection patients were observed engaged in St Patrick's Day themed puzzles and colouring in. Other patients were observed engaged in their own activities such as; watching TV, reading their daily newspaper, resting or chatting to staff. Patients were seen to be content and settled in their surroundings and in their interactions with staff.

There was a range of activities provided for patients by activity staff and the monthly schedule of activities was displayed in the foyer of the home. The range of activities included social, cultural, religious, spiritual and creative events.

#### **5.2.5 Management and Governance Arrangements**

There has been a change in the management of the home since the last inspection. Mrs Lyndsay Boyd has been appointed as the home manager. Mrs Boyd is in the process of submitting an application to RQIA to be registered as the manager.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Nursing Homes Regulations (Northern Ireland) 2005** and the **Care Standards for Nursing Homes (April 2015)**.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	1

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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure thickening agents are securely stored at all times when not in use.  Ref: 5.2.3  <b>Response by registered person detailing the actions taken:</b> Lockable box purchased and implemented which is reviewed by home manager and also monthly by regional manager. All staff advised thickener needs to be locked in box when not in use.
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 6  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that when patients are in their bedroom they have call bells within reach; if a patient is unable to summon assistance in this way this should be clearly documented in their individual care records.  Ref: 5.2.3  <b>Response by registered person detailing the actions taken:</b> This was rectified on the day of inspection. Longer leads ordered for residents where chair position could not be changed. Care plans updated to reflect patient needs.

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





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