

# Inspection Report

**Name of Service:** Leabank  
**Provider:** Leabank  
**Date of Inspection:** 9 & 10 June 2025

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

## 1.0 Service information

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|--|--------------------------------------|
| <b>Organisation:</b>   | Leabank                              |
| <b>Responsible Individuals:</b>  | Mr Brian Macklin<br>Mrs Mary Macklin |
| <b>Registered Manager:</b>   | Mrs Lyndsay Boyd                     |
| <p><b>Service Profile –</b><br/>This home is a registered nursing home which provides nursing care for older adults, dementia care and care for physical disability for up to 52 patients. The home is divided into three units over two floors. General nursing care is provided in the Fairhead unit on the first and in the Bonamargy unit on the ground floor. The Rathlin unit provides dementia care and is situated on the ground floor. There are a number of communal areas such as lounges and dining rooms which patients have access to.</p> |                                      |

## 2.0 Inspection summary

An unannounced inspection took place on 9 June 2024, between 9.25 am and 4.00 pm and 10 June between 9.40 am and 12.00 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 assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 7 & 8 August 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

It was evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care.

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.

As a result of this inspection one Standard identified for improvement was 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 patient's, 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 spoken with told us that they were well looked after, the food was very good and there were plenty of staff around if they needed them.

Visitors said their relatives were happy in the home, they were kept up to date about any changes and there were always plenty of staff available.

Staff said they received training for their roles, were happy with the staffing levels and loved working in Leabank.

Three completed online questionnaires were received following the inspection and confirmed that a visitor and staff were very satisfied that care was safe, effective, compassionate and well-led.

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV.

#### **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 a robust system was in place to manage staffing.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels. Staff responded promptly to call bells and knew the patients well.

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

Checks were made to ensure that staff maintained their registration with the Nursing and Midwifery Council (NMC) or with the Northern Ireland Social Care Council (NISCC).

### 3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Interactions between patients and staff were observed to be polite, friendly and warm and the atmosphere in the home was calm and relaxed.

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.

It was observed that 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 on how and where they spent their day or how they wanted to engage socially with others.

Patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records mainly accurately reflected the patients' assessed needs. Some patients who were able to change their own position required this documented in their care plan. This was discussed with the manager and will reviewed at a future inspection.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, staff supervision and alarm mats.

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 may include simple encouragement through to full assistance from staff and their diet modified.

Observation of the lunch time meal, review of records and discussion with patients, staff and the manager confirmed that there were robust systems in place to manage patients' nutrition and mealtime experience.

Prior to the mealtime staff held a safety pause to consider those patient who required a modified diet.

Review of the menu displayed in the dining room identified that there was no indication to show which meal was being served for lunch or which one was for dinner. There was also only one option shown for each meal which did not indicate if a choice of meal was provided for patients. An area for improvement was identified.

Staff knew and understood patients' preferences and wishes and helped patients to participate in planned activities or to remain in their bedroom with their chosen activity such as reading, listening to music or waiting for their visitors to come.

Life story work with patients and their families helped to increase staff knowledge of their patients' interests and enabled staff to engage in a more meaningful way with their patients throughout the day.

### **3.3.3 Management of Care Records**

Patients' needs should be 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.

Patients care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care. 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.

### **3.3.4 Quality and Management of Patients' Environment Control**

The home was, tidy and welcoming. For example, patients' bedrooms were personalised with items important to the patient, however, maintenance and repair or replacement was required to; for example, weeds in the outside areas, walls, doors, flooring, furniture and sink surrounds. An area for improvement was identified.

Additional cleaning was required to a shower chair and flooring around a sink area. This was discussed with the manager and will be reviewed at a future inspection.

Staff were observed to be using the patient dining space for their breaks and a bathroom was used to store hoists and cleaning signage. This was brought to the manager's attention and an area for improvement identified.

Review of infection prevention and control (IPC) practices found that staff were not changing aprons when required and were not bare below the elbow and completing hand hygiene appropriately at meal times. One area for improvement has been stated for a second time and a new area for improvement has been identified.

### 3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Lyndsay Boyd has been the manager in this home since 5 June 2024.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place, however, a small number of actions required following care plan, environment and falls audits needed signed and dated to show completion. This was discussed with the manager and will be reviewed at a future inspection.

Patients spoken with said that they knew how to report any concerns and said they were confident that the 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 |
|--|-------------|-----------|
| <b>Total number of Areas for Improvement</b> | 0           | 5*        |

\* the total number of areas for improvement includes one standard that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Lyndsay Boyd, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

| <b>Quality Improvement Plan</b>   |  |
|---|--|
| <b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>   |  |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Standard 46<br><br><b>Stated:</b> Second time<br><br><b>To be completed by:</b><br>10 June 2025  | <p>The Registered Person shall ensure that the IPC issues identified and discussed during the inspection are addressed.</p> <p>Ref: 2.0 and 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b><br/>           Regular infection control audits are ongoing as are management checks in relation to changing aprons at appropriate times - i.e. following assisting a resident with meals.</p>  |
| <b>Area for improvement 2</b><br><br><b>Ref:</b> Standard 12<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>15 June 2025   | <p>The Registered Person shall ensure an up to date menu is displayed showing the meal choices for each meal time.</p> <p>Ref: 3.3.3</p> <p><b>Response by registered person detailing the actions taken:</b><br/>           Picture menus are in place, the picture in question had been misplaced. It has been replaced.</p>   |
| <b>Area for improvement 3</b><br><br><b>Ref:</b> Standard 44<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>30 June 2025   | <p>The Registered Person shall ensure that the premises are well maintained and remain suitable for their purpose. This is in relation to outside areas, walls, doors, flooring, furniture and sink surrounds requiring maintenance or repair.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b><br/>           Refurb plan submitted to RQIA and planned for second half of year.</p>  |
| <b>Area for improvement 4</b><br><br><b>Ref:</b> Standard 44.3<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>11 June 2025 | <p>The Registered Person shall ensure the nursing home, including all spaces is only used for the purpose for which it is registered. This is in relation to bathrooms and patient dining areas.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b><br/>           Staff reminded not to dine in resident areas. Staff felt it added to the homely feel to not segregate but have since stopped as added to QIP by RQIA inspector.</p> |

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|---|---|
| <p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>10 June 2025</p> | <p>The Registered Person shall ensure that staff adhere to good practice of being bare below the elbow and complete hand hygiene when required.</p> <p>Ref: 3.3.4</p>   |
|   | <p><b>Response by registered person detailing the actions taken:</b><br/>A supervision has been completed with staff re same since inspection in relation to IPC and specifically gel polish/jewellery. Infection control audits and management checks are ongoing.</p> |

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



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