



Inspection Report

Name of Service: Leonard Cheshire ARBI

Provider: Leonard Cheshire Disability

Date of Inspection: 12 June 2025

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

1.0 Service information

Organisation:	Leonard Cheshire Disability
Responsible Individual:	Mrs Emma Bailie
Registered Manager:	Mr James Wilson – not registered
Service Profile:	
<p>This home is a registered Residential Care Home which provides health and social care for up to 14 residents living with an alcohol related brain injury. The home is divided over two floors. Residents have access to communal lounges, dining room, kitchenette and outside space.</p>	

2.0 Inspection summary

An unannounced care inspection took place on 12 June 2025, from 9.15 am to 3.30 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 assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 8 August 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

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

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

While care was found to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection nine areas for improvement from the previous care inspection were assessed as having been addressed by the provider. Two areas for improvement relating to medicines management were not assessed and these will be reviewed at a future 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.

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 resident'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

Residents told us they were happy living in the home, they felt well looked after and listened to by staff and management. Residents comments included "staff are very attentive, it has been a positive experience staying here", "staff are great, they watch football with me" and "I would be lost without here".

Staff spoke positively in terms of the provision of care in the home and their roles and duties. Staff told us that the manager was supportive and available for advice and guidance.

Three questionnaire responses were received from residents following the inspection. They all confirmed they were satisfied with the care and services provided in the home.

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 residents. There was evidence of robust systems in place to manage staffing.

Residents 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.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example; if they wished to have a lie in or if they preferred to eat their breakfast later than usual.

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 residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

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

At times some residents 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 residents and to manage this aspect of care.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to their GP if required.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents 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 lunchtime meal served in the main dining room confirmed that the meal served appeared appetising and nutritious. Kitchen staff spoke with enthusiasm about their role in the home; how they support residents with learning new cooking skills and how to ensure residents likes/dislikes and dietary requirements are taken into consideration when menu planning.

It was noted during the lunch time meal that residents were left unsupervised for a period of time and that staff were not wearing any Personal and Protective Equipment (PPE) as per regional guidance. Two areas for improvement have been identified.

Activities for residents were provided which included both group and one to one activities. Residents told us that they were offered a range of activities and spoke highly of the staff involved in delivering activity provision in the home.

Discussion with residents confirmed that they were able to choose how they spent their day. For example; residents could attend the therapeutic rehabilitation group work, have a lie in or attend personal appointments.

Other activities provided in the home included outings to local areas of interest, mindfulness sessions, shopping and movie nights. Care staff spoke with enthusiasm and passion about their important role in residents' rehabilitation journey. It was evident that staff want to make a difference in residents lives and provide them with the right person centred support to assist them in their journey; this is to be commended.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Care records were person centred, mostly well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

The system to monitor residents' weights in the home required review, for example; one resident presented with identified weight loss over a three-month period however, it was unclear from the records in place if a referral has been made to the relevant professionals for advice/guidance. An area for improvement has been identified.

3.3.4 Quality and Management of Residents' Environment Control

The home was clean, warm and comfortable for residents. Bedrooms were tidy and personalised with photographs and other personal belongings for residents. Communal areas were well decorated, suitably furnished and homely.

Some minor cleaning and storage issues were identified during the inspection, these were highlighted to management and written assurances were provided post inspection that these issues had been actioned.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mr James Wilson has been the manager in this home since 1 May 2024.

Residents and staff commented positively about the manager and described him as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided 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	1*	4*

* the total number of areas for improvement includes one regulation and one standard which are carried forward for review at the next inspection.

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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: 4 April 2024	The Registered Person shall ensure that maximum and minimum temperatures of the medicines refrigerator are monitored each day and the thermometer reset. Corrective action should be taken if temperatures outside the recommended range (2°C-8°C) are observed. Ref: 2.0

	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (Version 1.2) (Dec 2022)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 32</p> <p>Stated: First time</p> <p>To be completed by: 4 April 2024</p>	<p>The Registered Person shall ensure that medicines, including controlled drugs in Schedule 4, Part (1), awaiting return to the community pharmacy are stored securely.</p> <p>Ref: 2.0</p> <p>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.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12.10</p> <p>Stated: First time</p> <p>To be completed by: 12 June 2025</p>	<p>The Registered Person shall ensure there are adequate numbers of staff present in the dining room during all meal times to ensure any support or risks for residents are managed appropriately.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: There is always one staff member identified during each meal time who will remain present in the dining area. Since this inspection, one resident has been reviewed again by SLT and no longer requires general supervision. The service now has one resident under SLT recommendations. The staff member who is supervising lunch is clearly identified on the daily shift planner at the beginning of each day.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 12 June 2025</p>	<p>The Registered Person shall ensure that all staff wear the correct Personal and Protective Equipment (PPE) during meal times in the home.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: All staff wear PPE during any meal times. Staff were reminded of the need to wear PPE via e-mail communication by Service Manager.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 9.3</p> <p>Stated: First time</p> <p>To be completed by: 1 August 2025</p>	<p>The Registered Person shall ensure that residents weights are continually monitored and recorded and if concerns are identified that action plans are developed and records kept of any action taken as a result.</p> <p>Ref: 3.3.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Service Manager has spoken with delegated staff member who completes the monthly weights audits to ensure that actions are clear and robust, particularly where any significant change occurs. These actions are always recorded in the individuals PCP under the "appointments section" where it was evident that GP had been contacted and dietetic input was sought - this was noted during the inspection. This resident has subsequently been discharged from dietetics.</p>

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