The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Leabank

Provider: Leabank

Date of Inspection: 15 April 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:	Leabank
Responsible Person(s):	Mr Brian Macklin Mrs Mary Macklin
Registered Manager:	Mrs Lyndsay Boyd

Service Profile –
This home is a registered nursing home, which provides nursing care for older adults, dementia care and care for physical disability for up to 53 patients. The home is divided into three units over two floors. There are a number of communal areas, including lounges and dining rooms, which patient have access to.

2.0 Inspection summary

An unannounced inspection took place on 15 April 2026, between 9.20 am and 5.20 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 pharmacy inspection on 22 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 safe, effective and compassionate care was delivered to patients 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 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 five areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next 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 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.

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 said they were happy with the care provided by staff, their rooms were kept tidy and they had not concerns about the home. A small number of patients told us "the food was not always warm" and "they would prefer simpler meals". This feedback was shared with the manager for her review.

Staff said they "loved" working in Leabank, had no concerns about staffing levels and the manager was supportive. Staff also confirmed they were provided with regular training for their roles.

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or remain in their own rooms, as they preferred.

The online survey confirmed that staff and a patient were very satisfied that care was safe, effective, compassionate and well led

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 robust systems in place to manage staffing.

Patients said that there was enough staff on duty to help them. Staff said there was good teamwork, that they felt well supported in their role, and that they were satisfied with the staffing levels. Staff were always available and responded promptly to call bells. There was enough staff to provide activities.

Examination of the staff duty rota and discussions with staff confirmed that the planned number of care staff on duty met the needs of patients.

Review of the record of staff supervision for their roles lacked detail on type of supervision completed. The manager agreed to add if supervision was one to one or group supervision. This will be reviewed at a future inspection.

Review of the system to manage the registration of nurses and care staff evidenced that staff were appropriately registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NSCC).

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. Throughout the day staff observation confirmed that staff attended 'safety pauses' prior to mealtimes to ensure good communication across the team about changes in patients' needs.

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.

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 in how and where they spent their day or how they wanted to engage socially with others.

At times some 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 accurately reflected the patients' assessed needs, however, not all pressure reliving mattresses were set correctly for patients' weight. All mattresses were checked and corrective action taken on the day of inspection and an area for improvement was identified.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, provision of walking aids and alarm systems.

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 lunchtime meal served in the main dining room confirmed that enough staff were present to support patients with their meal and that the food served smelt and looked appetising and nutritious. However, patients who required to have their meals modified were not offered a choice of meal as there was only one meal option available. Records reviewed and discussion with patients identified that "food was not always warm" and the meals were not always liked by patients. Details were discussed with the manager and two areas for improvement was identified.

Observation of the planned activity, armchair exercises, confirmed that 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.

The record of patient meetings was reviewed and found to lack detail regarding the agenda, attendees and completion of follow-up action required. An area for improvement was identified.

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.

Patients care records were held confidentially.

Care records were generally person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs, however one wound care plan required to be updated with a change to care and one care plan evaluation for pressure relief lacked detail. This was discussed with the manager for action and will be reviewed at a future inspection.

3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and well maintained. For example, patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

A programme of improvement works was observed to be continuing with painting of rooms throughout the home. 'Homely' touches such as snacks and drinks available to patients throughout the day.

It was observed that two hoists were inappropriately stored in a patient's bedroom. This was brought to the attention of the manager for her action and an area for improvement was identified.

Observation of two patients' bedrooms identified prescribed creams stored in unlocked areas. In one room, the creams stored were not prescribed for the patient. Two areas for improvement were identified

Staff were observed washing their hands correctly or at appropriate times and to use PPE inappropriately.

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.

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

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.

Patients said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

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	0	7

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.

Quality Improvement Plan

Action required to ensure compliance with the Care Standards for Nursing Homes, December 2022	
Area for improvement 1 **Ref:** Standard 12.13 **Stated:** First time **To be completed by:** 16 April 2026	The Registered Person shall ensure the menu offers residents a choice of meal at each mealtime. This includes those meals, which require to be modified in texture. Ref: 3.3.2 **Response by registered person detailing the actions taken:** There is a menu choice sheet which goes out in the morning so service users can choose what they want to eat. There is always at least two choices on the sheet. The menus have been reviewed to ensure there is always a second choice available for anyone requiring modified diet.
Area for improvement 2 **Ref:** Standard 12 **Stated:** First time **To be completed by:** 16 April 2026	The Registered Person shall ensure that the meal time experience is reviewed to take into account patient choice and feedback regarding temperature and variety of meals provided. Ref: 3.3.2 **Response by registered person detailing the actions taken:** As above, there is a menu choice sheet which service users can choose what they wish to eat. There is a hot trolley for upstairs and downstairs, the meals go directly from the kitchen.There are other foods availble. The temperature of foods will be monitored.
Area for improvement 3 **Ref:** Standard 7 **Stated:** First time **To be completed by:** 30 April 2026	The Registered Person shall ensure that record of patient meetings includes an agenda, the attendees and an action plan as required. Ref: 3.3.3 **Response by registered person detailing the actions taken:** Resident meetings are regualrly scheduled throughout the year. We have reviewed and updated the resident meeting template with an agenda, acton plan and list of attendees included.
Area for improvement 4 **Ref:** Standard 44.3 **Stated:** First time	The Registered Person shall ensure the nursing home, including all spaces is only used for the purposes for which it is registered. This is in relation to hoists stored in a bedroom. Ref 3.3.3

To be completed by: 16 April 2026	**Response by registered person detailing the actions taken:** On the day of the inspection, there were two hoists not in operation in a vacant bedroom to keep the corridors clutter free. The provider is currently reviewing space within the home.
Area for improvement 5 **Ref:** Standard 23 **Stated:** First time **To be completed by:** 15 April 2026	The Registered Person shall ensure pressure-relieving devices are at the correct setting for patients' weight. Ref: 3.3.4
	Response by registered person detailing the actions taken: Ongoing checks and audits are implemented and in place to ensure mattress settings are correct for patients weights.
Area for improvement 6 **Ref:** Standard 28 **Stated:** First time **To be completed by:** 5 April 2026	The Registered Person shall ensure that medicines are administered in strict accordance with the prescriber's instructions. Ref: 3.3.4
	Response by registered person detailing the actions taken: Addendum added to medication audit and updated to ensure creams are administered in line with prescribers instructions. A supervision has been carried out with nursing and care staff.
Area for improvement 7 **Ref:** Standard 30 **Stated:** First time **To be completed by:** 15 April 2026	The Registered Person shall ensure medicines are safely and securely stored and unauthorised access to medicines is prevented. Ref: 3.3.4
	Response by registered person detailing the actions taken: Prescription only medication to be stored securely. A supervision has been carried out with nursing and care staff.

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

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