

Inspection Report

7 & 8 August 2024



Leabank

Type of service: Nursing Home

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation: Leabank Responsible Individual: Mr Brian & Mrs Mary Macklin	Registered Manager: Mrs Lyndsay Boyd Registration date: 5 June 2024
Person in charge at the time of inspection: Bronagh Young – deputy manager	Number of registered places: 53 A maximum of 9 patients in category NH-DE
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.	Number of patients accommodated in the nursing home on the day of this inspection: 52
Brief description of the accommodation/how the service operates: 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 7 August 2024, from 9.20 am to 4.30 pm and on 8 August, from 9.30 am to 1.30 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.

Areas requiring improvement were identified and are included in the main body of this report and the Quality Improvement Plan (QIP) in section 6.0.

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.

The findings of this report will provide the management team 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.

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 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 were positive about the care they received in the home and their interactions with staff. They described the food as "lovely" and said they loved the music and singing provided in the home. One patient was concerned about the ability to use a fan and the time they went to bed. This was brought to the attention of the management team for their review and action if required.

Staff were complimentary about the manager support and said she was always available if they had any concerns. Staff also said staffing levels were good and they received regular training for their roles and responsibilities.

There were no responses received from patient and relative questionnaires nor the online staff survey.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

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 22 September 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (1) (b) Stated: First time	The registered person shall ensure that all unwitnessed falls are managed in line with best practice guidance. This specifically relates to: <ul style="list-style-type: none"> The consistent recording of neurological observations. 	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Regulation 14 (2) (a) Stated: First time	The registered person shall ensure as far as reasonably practical that all parts of the home to which patients have access are free from hazards to their safety. This is stated in relation to: <ul style="list-style-type: none"> the safe storage of toiletries in the Dementia Unit the safe storage of denture cleaning tablets. 	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for improvement 1 Ref: Standard 23 Stated: First time	The registered person shall ensure that patients are repositioned as prescribed in their care plan.	Not met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met. This is discussed further in section 5.2.2. This area for improvement has been stated for a second time.	
Area for improvement 2 Ref: Standard 46.2 Stated: First time	The registered person shall ensure shower seats are effectively cleaned.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a system was in place to review recruitment processes, however, not all gaps in employment and reasons for leaving employment had been recorded. An area for improvement was identified.

There were systems in place to ensure staff were trained and supported to do their job. The staff training matrix confirmed that staff were receiving mandatory training which included moving and handling practice and safeguarding adults at risk of harm.

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 duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. Staff taking charge in the home in the absence of the manager had completed relevant competency and capability assessments.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

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.

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 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.

Patients appeared relaxed, said they were happy with the care provided by staff and were well presented in their appearance.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly, however, review of the recording of repositioning evidenced that patients were not always repositioned as prescribed in their care plan. This area for improvement has been stated for a second time.

It was also noted that a pressure relieving mattress was switched off while the mattress was in use. This was brought to the attention of staff for immediate action 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, alarm mats and mobility aids.

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.

The serving of the lunch time meal was observed. Clothing protectors were provided when needed and condiments were available. It was observed that patients were enjoying their meal and their dining experience. Staff ensured patients were comfortable and provided assistance where this was required.

There was choice of meals offered, the food was attractively presented, smelled appetising and portions were generous. There was a variety of drinks available.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans should be developed to direct staff on how to meet patients' needs; and include any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

Care records reviewed evidenced that not all care plans were in place for skin conditions, dementia, diverticulitis, glaucoma and a number of other care needs which were discussed with the management team following the inspection. An area for improvement was identified.

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. Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges and bathrooms. Patients' bedrooms were personalised with items important to each patient, including furniture from home and family photos.

The general environment of the home required attention to cleanliness; for example, mattresses, alarm mats, sinks and flooring required cleaning. An area for improvement was identified.

Infection prevention and control (IPC) issues were also identified, for instance, hand hygiene including the use of personal protective equipment (PPE) during meal times. 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. Staff were aware of their training in these areas and how to respond to any concerns or risks. Corridors were free from clutter and fire exits were maintained clear.

There was evidence that systems and processes were in place to ensure the management of risks associated with infectious diseases. For example, any outbreak of infection was reported to the Public Health Authority (PHA).

5.2.4 Quality of Life for Patients

Staff recognised the importance of maintaining good communication with families. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

Discussion with patients confirmed that they were able to choose how they spent their day. Staff offered choices to patients throughout the day including what food they wanted to eat, what music they wanted to listen to and where they wanted to sit.

Records evidenced that patient meetings were arranged which provided an opportunity for patients to comment on aspects of the running of the home. For example, planning activities and menu choices.

There was a range of activities provided for patients by staff in the home. As said previously patients had been consulted/ helped plan their activity programme. The range of activities included social, community, cultural, religious, spiritual and creative events.

Staff were observed to interact in a friendly, polite and professional way with patients and encouraged those patients with a cognitive impairment to try to make their wishes known.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Lindsay Boyd has been the manager in this home since 7 October 2022 and registered manager since 5 June 2024.

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.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

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

Patients said that they knew who to approach if they had any concerns or complaints. There was a system in place to manage complaints and records were maintained.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

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/or the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	1	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 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	
Area for improvement 1 Ref: Regulation 27 (2)(c) Stated: First time To be completed by: With immediate effect	The registered person shall ensure all equipment used for the purposes of pressure relief is maintained and checked on a regular basis. This is in relation to a pressure relieving mattress which had not been switched on. Ref: 5.2.2
	Response by registered person detailing the actions taken: Mattress had been switched off in error immediately before and was still inflated. Staff advised to be careful and mindful when in bedrooms and spot checks being carried out by HM and DM as well as mattress audit.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 23 Stated: Second time To be completed by: 31 August 2024	The registered person shall ensure that patients are repositioned as prescribed in their care plan. Ref: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: Supervision carried out with all nursing and care staff. Checks ongoing and if necessary any issues will be managed through the disciplinary policy.
Area for improvement 2 Ref: Standard 38 Stated: First time	The registered person shall ensure all gaps in employment and reasons for leaving employment are recorded during the recruitment process. Ref: 5.2.1

To be completed by: 31 August 2024	Response by registered person detailing the actions taken: Was in relation to a student who had recently left school and had not had a job. Have since liaised with HR/recruitment team and improved checks in place in the process. Gap Analysis form put in place pre interview stage to alert interviewees to Gaps
Area for improvement 3 Ref: Standard 4 Stated: First time To be completed by: 31 August 2024	The registered person shall ensure all care plans required for individual care needs are in place. This includes, but is not limited to, skin conditions, dementia, diverticulitis and glaucoma. Ref: 5.2.2
	Response by registered person detailing the actions taken: Correspondence sent to nursing staff to ensure separate care plans are in place for individual medical conditions. Will be monitored on Monthly Care Audit by management
Area for improvement 4 Ref: Standard 44.1 Stated: First time To be completed by: 31 August 2024	The registered person shall ensure the home is kept clean and hygienic at all times. Ref: 5.2.3
	Response by registered person detailing the actions taken: Regular infection control audits ongoing and spot checks taking place by Home Manager, Deputy Manager and Housekeeper.
Area for improvement 5 Ref: Standard 46 Stated: First time To be completed by: 15 August 2024	The registered person shall ensure that the IPC issues identified and discussed during the inspection are addressed. Ref: 5.2.3
	Response by registered person detailing the actions taken: Staff member involved educated about hand hygiene at meal times and that gloves are not necessary unless in exceptional circumstances e.g. isolation nursing.

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