



Unannounced Care Inspection Report 11 October 2018



Leabank

Type of Service: Nursing Home
Address: 1 Beechwood Avenue, Ballycastle, BT54 6BL
Tel No: 028 2076 3392
Inspector: Kieran McCormick

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care and residential care for up to 55 persons.

3.0 Service details

Organisation/Registered Provider: Leabank Responsible Individual(s): Mr Brian Macklin Mrs Mary Macklin	Registered Manager: Patricia Laverty - Acting
Person in charge at the time of inspection: Patricia Laverty - Manager	Date manager registered: Application received - registration pending
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. A maximum of two patients in category NH-DE. All new admissions to categories NH-DE must receive prior approval from RQIA. There shall be a maximum of three named residents receiving residential care.	Number of registered places: 55

4.0 Inspection summary

An unannounced inspection took place on 11 October 2018 from 11.15 hours to 18.00 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

The term 'patient' is used to describe those living in Leabank which provides both nursing and residential care.

The inspection set out to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the holistic culture and ethos of care delivery; communication between staff and patients; staff awareness relating to adult safeguarding, the dining experience of patients and governance arrangements. Other notable areas of good practice were also found in relation to teamwork, understanding of roles and responsibilities and completion of Regulation 29 monitoring visits.

Areas requiring improvement were identified regarding adherence with control of substances hazardous to health (COSHH) regulations, review/evaluation of patients care plans and risk assessments, assessment of individual patient fluid targets and the availability of snack options for those patients on a modified diet.

Patients described living in the home in positive terms. Patients said: "The care is absolutely exceptional".

Patients appeared relaxed and content in their environment displaying confidence in the ability and willingness of staff to meet their care needs. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	3

Details of the Quality Improvement Plan (QIP) were discussed with Patricia Laverty, manager, Sinead Devine, deputy manager and members of the regional management team, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 24 May 2018

There were no further actions required to be taken following the most recent inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit.

During the inspection we met with seven patients, ten staff and two patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from

patients and patients' representatives. Ten patients' questionnaires and patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. A poster informing visitors to the home that an inspection was being conducted was displayed on the front door of the nursing home.

The following records were examined during the inspection:

- duty rota for all staff from 1 to 14 October 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- four patient care records
- four patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 24 May 2018

The most recent inspection of the home was an unannounced care inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 24 May 2018

There were no areas for improvement identified as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The manager confirmed the planned daily staffing levels for the home. A review of the staffing rota from 1 to 14 October 2018 evidenced that the planned staffing levels were adhered to. The manager advised that staffing for the home had recently been reviewed in line with occupancy of the home. The manager was advised to ensure to keep staffing under review as the occupancy of the home increases. Observations throughout the home confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff. Observation of the delivery of care evidenced that care and nursing staff were notably busy throughout the day, however, patients' needs were met by the levels and skill mix of staff on duty and staff attended to patients' needs in a timely and caring manner. One patient and three staff raised concerns regarding the need for more staffing in the home; details of comments made were shared with the manager at the conclusion of the inspection for their review and action as appropriate.

We discussed the provision of mandatory training with staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards.

Staff who met with the inspector were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

A review of records evidenced that appropriate risk assessments had been completed to help inform individual patient need. These assessments informed the care planning process. There was also evidence of consultation with relevant persons.

We reviewed accidents/incidents records from September 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. From a review of records, observation of practices and discussion with the manager and staff there was evidence of proactive management of falls.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, a dining room and storage areas. The home was found to be warm, fresh smelling and clean throughout. Fire exits and corridors were observed to be clear of clutter and obstruction. Some environmental issues were identified during the inspection which were discussed with the manager; all matters were addressed prior to the conclusion of the

inspection. However, a number of observations were made in regards to non-compliance with COSHH regulations and as a result an area for improvement under the regulations was made.

Observation of practices, care delivery, discussion with staff and review of records evidenced that infection prevention and control best practice guidance was adhered to.

Review of two staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC.

Systems were in place to monitor the incidents of healthcare acquired infections.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff management, staff recruitment, induction, training, adult safeguarding, governance and risk management.

Areas for improvement

The following area was identified for improvement in relation to adherence to COSHH regulations.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of four patients' care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patients. Care records contained details of specific care requirements and a daily record was maintained to evidence the delivery of care. However, care records reviewed in each case had not been consistently reviewed/evaluated by registered nursing staff. This was discussed with the manager and an area for improvement under the standards was made.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as Trust care managers, general practitioners (GPs), speech and language therapists (SALT) and dieticians. Supplementary care charts such as patient repositioning and food and fluid intake records evidenced that contemporaneous records were maintained. However, fluid records evidenced that there was no established fluid assessment tool used to provide a realistic or person

centred fluid target for each individual patient. An area for improvement under the standards was made.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient’s condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. Staff were able to describe the arrangements for staff/team meetings provided in the home.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Patient and representatives spoken with expressed their confidence in raising concerns with the home’s staff/management.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the liaising with other members of the multi-professional team, teamwork and communication between patients/patients representatives and staff.

Areas for improvement

The following areas were identified for improvement in relation to the review/evaluation of patient care records and the assessment of individual patient fluid management.

	Regulations	Standards
Total number of areas for improvement	0	2

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 11.15 and were greeted by the manager who was helpful and attentive. Patients were observed seated in the lounge areas or were in the comfort of their own bedroom area. Patients had access to fresh fruit, snacks, water and/or juice.

Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

Staff were also aware of the requirements regarding patient information and patient confidentiality. Discussion with staff and observations confirmed that communication with patients often required a highly knowledgeable and focused approach due to patients' varying care needs. Observation of staff interaction with patients evidenced the provision of such care and this is commended.

Observations, discussion with staff and review of the activity programme displayed evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. A schedule of activities for the month of October 2018 was on display including planned celebrations for Halloween.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

We observed the serving of the lunch and evening meal. Patients were assisted to the dining area or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. Staff were observed to be promptly and attentively attending to patient's needs. Staff were calm in their approach and provided reassurance to patients who appeared distressed. Patients able to communicate indicated that they enjoyed their meal and the standard of food on offer. Observation and discussion with staff identified that during the afternoon tea/drink round there was no snack option available for those patients requiring a modified diet, this was discussed with the manager and an area for improvement under the standards was made.

There were systems in place to obtain the views of patients and their representatives on the running of the home. Cards and letters of compliment and thanks were available in the home. Comments on a recently received thank you card included:

"To all the staff who cared for.... with the warmest thanks and appreciation for all your care and attention during his stay in Leabank".

Consultation with seven patients individually, confirmed that they were happy and content living in Leabank. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

There were no responses received from relatives or patient representative questionnaires.

Staff were asked to complete an online survey; we had no completed responses within the timescale specified.

Patients' representatives who met with the inspector spoke positively regarding the care received by their loved one in Leabank. Comments made included:

"I have absolutely no concerns regarding my husband's care"
"The care here is exceptional".

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, the meal time experience, dignity and privacy, staff knowledge of patients' wishes, preferences and assessed needs.

Areas for improvement

The following area was identified for improvement in relation to the provision of snacks for those patients requiring a modified diet.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Discussion with the manager and staff evidenced that there was a clear organisational structure within the home. All staff spoken with were able to describe their roles and responsibilities and confirmed that there were good working relationships within the home. Staff also stated that management was responsive to any suggestions or concerns raised.

The certificate of registration issued by RQIA was appropriately displayed in the home. The manager was knowledgeable in regards to the registered categories of care for the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been a change of management arrangements for the home. RQIA were notified appropriately and an application for registration with RQIA has been received. Discussion with staff evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. A review of the duty rota evidenced that the manager's hours worked, were clearly recorded. Staff were able to identify the person in charge of the home in the absence of the manager.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

Discussion with the manager and a review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents and care records. In addition, robust measures were also in place to provide the manager with an overview of the management of IPC practices.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis on behalf of the responsible individual in accordance with

Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. A new monthly governance audit tool had been introduced by the regional management team. Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of incidents and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Patricia Laverty, manager, Sinead Devine, deputy manager and members of the regional management team, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 14 (2)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that COSHH regulations are strictly adhered to at all times throughout the home.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All COSHH regulations have been addressed and will be managed going forward.</p>
---	---

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that all patients' care plans and risk assessments are reviewed/evaluated in accordance with policy and procedure.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: We have now implemented patient of the day instead of named nursing. This is having a positive impact and the staff feel it is a much better system.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall review the existing fluid management arrangements in the home so to ensure that daily fluid targets are reflective of individualised assessed need. Assessed fluid targets should be recorded in patients' individual care records and fluid intake reviewed daily by a registered nurse.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The daily fluid target is now in place based on 2 week intake and is now documented on the fluid and food book for evaluation on a daily basis. This is recorded in the patients care records daily.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that appropriate snack options are made available during daily tea/drink rounds for those patients who require a modified diet.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Modified diet items are available at all times and tea and drink rounds for those residents who require them.</p>

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care