

Unannounced Enforcement Care Inspection Report 12 April 2018



Leabank

Type of Service: Nursing Home
Address: 1 Beechwood Avenue, Ballycastle, BT54 6BL
Tel No: 02820763392
Inspector: Lyn Buckley

www.rgia.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 provider 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 nursing home registered to provide nursing and residential care for up to 55 persons.

3.0 Service details

Organisation/Registered Provider: Leabank Responsible Individuals: Brian Macklin Mary Macklin	Registered Manager: David Ross
Person in charge at the time of inspection: Deputy Manager Sinead Devine.	Date manager registered: 22 February 2018
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. Residential Care (RC) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.	Number of registered places: 55 Comprising of : RC-I, RC-PH, NH-DE, RC-DE, NH-I, NH-PH A maximum of 10 residents in categories RC-I and RC-PH. A maximum of 2 residents in category RC-DE and a maximum of 2 patients in category NH-DE. All new admissions to categories RC-DE and NH-DE must receive prior approval from RQIA.

4.0 Inspection summary

An unannounced inspection took place on 12 April 2018 from 10:00 to 12:15 hours. The registered manager was not on duty at the time of the inspection and the inspection was facilitated by the deputy manager. The registered manager joined the inspection at 11:30 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 DHSSPS Care Standards for Nursing Homes 2015.

The inspection sought to assess the level of compliance achieved in relation to an Improvement Notice (IN) issued following the findings of a previous care inspection on 23 February 2018. The areas identified for improvement and compliance with the standard were in relation to record keeping. The date of compliance with the notice was 12 April 2018.

The following Improvement Notice was issued by RQIA:

IN ref: IN/NH/1396/2017-18(01) issued on 5 March 2018.

Evidence was not available to validate compliance with the Improvement Notice. Following the inspection, RQIA senior management held a meeting on 13 April 2018 and a decision was made to extend the compliance date by a further six weeks. Compliance with the notice must therefore be achieved by 24 May 2018.

In addition, as a result of this inspection we identified concerns regarding the infection prevention and control measures (IPC), the management of an infectious outbreak and the capacity of the home to make the necessary changes to assurance that care was safe, effective and well led. Following discussion with RQIA senior management, the registered persons were invited to attend a serious concerns meeting on 20 April 2018. RQIA were assured by the action plan presented at the meeting and the undertaking not to admit further patients until they were assured that the home had undertaken an effective and robust terminal clean as directed by PHA. A decision was taken to follow up the areas of concerns at the next care inspection.

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	6*	2*

*The total number of areas for improvement includes five, under regulation, and two, under the care standards, that have been carried forward to the next inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with David Ross, registered manager and Sinead Devine, deputy manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Ongoing and further enforcement action resulted from the findings of this inspection.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

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
- the previous care inspection report
- the Improvement Notice

The following records were examined during the inspection:

- five patient care records
- four patient charts pertaining to repositioning/pressure area care

Areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.

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 23 February 2018

The most recent inspection of the home was an unannounced care inspection conducted on 23 February 2018.

The completed QIP is due to be returned to RQIA on 20 April 2018 and will be reviewed by the care inspector. This QIP will be validated by the care inspector at the next care inspection.

6.2 Review of areas for improvement from the last care inspection dated 23 February 2018

This inspection focused on the actions contained within the Improvement Notice issued on 5 March 2018. The areas for improvement from the last care inspection on 23 February 2018 were not reviewed as part of the inspection and are carried forward to the next care inspection. The QIP in Section 7.2 reflects the carried forward areas for improvement.

6.3 Inspection findings

6.3.1 IN Ref: IN/NH/1396/2017-18(01)

Improvement Notice issued following a failure to comply with The Care Standards for Nursing Homes (DHSSPS April 2015). Standard 4. – Each resident’s health, personal and social care needs are set out in an individual care plan which provides the basis of the care to be delivered and is re-evaluated in response to the resident’s changing needs.

In relation to this notice the following five actions were required to comply with this standard

- The registered person must ensure that care plans are reviewed and updated as necessary to reflect changes in a patient’s assessed care needs.
- The registered persons must ensure that risk assessments are reviewed and updated as necessary when the assessed needs of a patient change.

- The registered person and the registered manager must ensure that repositioning charts are recorded accurately to reflect the frequency of repositioning as prescribed in the patient's care plan.
- The registered persons must ensure that repositioning charts are recorded to reflect the change of position.
- The registered persons must ensure that registered nurses evidence that they have reviewed the status of the patients' pressure areas for those identified at risk.

Review of two patient records regarding the management of pressure area care and pressure ulcer care evidenced that while some updating of the record had taken place since the last care inspection the necessary improvements as listed in the Improvement Notice had not been addressed. For example, the recorded frequency of repositioning in the care plan was "3-4 hourly" and the reposition chart indicated "4-6 hourly" and a care plan for pressure area care did not record any frequency of repositioning. In relation to the management of pressure ulcers there was no evidence within the care plans that nursing staff had linked the care plan to the recommendations made by the tissue viability nurse (TVN).

Review of three patient records in relation to the management of falls evidenced that in two of the records reviewed, risk assessments and care plans were not reviewed by nursing staff post fall.

Review of four reposition charts evidenced that skin checks were undertaken and recorded consistently to reflect the change of position. Management had also required nursing staff to sign the reposition chart to evidence their review of the delivery of care and management were also to sign they had checked this had been completed. However, the signing of the charts by both nursing staff and management was found to be inconsistent.

Based on the inspection findings it was evident that there was limited progress to comply with the actions set out in the Improvement Notice. Staff on duty did provide assurances that patient care needs were being appropriately delivered. Following the inspection, RQIA senior management held a meeting on 13 April 2018 and a decision was made to extend the compliance date by a further six weeks. Compliance with the notice must therefore be achieved by 24 May 2018.

6.3.2 Infection Prevention and Control Measures (IPC)

Reposition records were requested and brought to the office by the deputy manager. The deputy manager confirmed these records were kept in the patients' bedrooms. The ring binder folders were visibly dusty/dirty with sellotape and sticky labelling attached and the plastic coating was split/torn on all of them revealing the cardboard interior meaning they could not be effectively cleaned.

The deputy manager and registered manager again confirmed the files had come from patients' bedrooms where, due to an infectious outbreak, a terminal clean had been completed.

Assurances required for a terminal clean were discussed and that these folders, present in the bedrooms, negated the effectiveness of the terminal clean.

During the last care inspection on 23 February 2018, RQIA identified a number of concerns regarding IPC practices and an area for improvement under the regulation was made. In addition the Public Health Agency (PHA) had also spoken with RQIA regarding the management of an infectious outbreak and terminal cleaning of the home following the outbreak.

6.3.3 Governance Arrangements

As stated previously, assurance regarding the robustness and effectiveness of the IPC terminal clean was discussed with the registered manager. The registered manager did not appear to fully grasp his role, function and responsibility. We discussed roles and responsibilities and advice was provided to refer to the regional IPC guidelines, to refer back to original guidance from the PHA when the outbreak occurred; and to contact PHA for further advice.

It was explained to the registered manager that these findings would be discussed further with PHA and the senior management at RQIA and he and the registered persons would be informed of the outcome of our decision.

Following this meeting with RQIA senior managers, the registered persons were invited to a serious concerns meeting to discuss the additional concerns identified at this inspection. During this meeting we were provided with assurances in relation to the senior managements' response and oversight of the concerns identified. The registered person also agreed to voluntarily close the home to new admissions until they were assured that the home had undertaken an effective and robust terminal clean as directed by PHA.

Areas for improvement

An area for improvement, under regulation, was identified in relation to infection prevention and control measures and practices.

	Regulations	Standards
Number of areas for improvement	1	0

6.4 Conclusion

Evidence was not available to validate compliance with the Failure to Comply Improvement Notice. Following the inspection, RQIA senior management held a meeting on 13 April 2018 and a decision was made to extend the compliance date by a further six weeks. Compliance with the notices must therefore be achieved by 24 May 2018.

In addition, a serious concerns meeting was held at RQIA on 20 April 2018 in relation to infection prevention and control. These concerns will be followed up at the next care inspection.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Also included in the QIP are areas for improvement carried forward from the last care inspection on 23 February 2018. Details of the QIP were discussed with David Ross, registered manager, 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 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

Area for improvement 1 Ref: Regulation 16 Stated: Second time To be completed by: 30 April 2018	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>The registered person shall ensure that care plans are in place to manage the nursing needs of patients and that these are regularly reviewed to ensure they accurately reflect the needs of the patient.</p> <p>Ref: Section 6.1</p>
	<p>Response by registered person detailing the actions taken: Care files have all been updated and now reflect the needs of the patients</p>
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time To be completed by: Immediate action required.	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>The registered person shall ensure that infection prevention and control practices are monitored to ensure staff adhere to regional IPC guidance in relation to:</p> <ul style="list-style-type: none"> • The storage of commode pots • The use of disposable aprons and gloves • Safe handling of body fluids • Decontamination of patient equipment such as bedpans • Effective hand washing techniques which require staff to be bare below the elbow. <p>Ref: Section 6.1</p>
	<p>Response by registered person detailing the actions taken: All areas of infection control concerns have been addressed as stated within the report, HPA are happy and no further infection has been contracted. Management will continue to assess the ICP to ensure they remain vigilant.</p>
Area for improvement 3 Ref: Regulation 30 Stated: First time To be completed by: Immediate action	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>The registered person shall ensure that events occurring in the home are notified to RQIA in accordance with Regulation 30.</p> <p>The four identified events should be notified retrospectively as agreed.</p>

required.	<p>Ref: Section 6.1</p> <p>Response by registered person detailing the actions taken: All events that required to be notified to RQIA have been uploaded onto the web portal and all future events will be sent as per Reg 30.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 17 (1)</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2018.</p>	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>The registered person shall ensure that the governance arrangements pertaining to the monitoring of accidents in the home and the completion of accident records are robust and effective in detecting deficits such as non-notification to RQIA or the recording of clinical observations on the accident record.</p> <p>Ref: Section 6.1</p> <p>Response by registered person detailing the actions taken: All accidents are reviewed on the REG 29 visit and any deficits identified with the manager for reporting, the Reg 29 visit. These are done in arrears in that May visit looks at all of the April falls and therefore this had not been done on the day of the visit to the home by the inspector. This will continue to be carried out.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2018</p>	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>The registered person shall ensure that quality monitoring reports, in accordance with Regulation 29, are available in the home.</p> <p>Ref: Section 6.1</p> <p>Response by registered person detailing the actions taken: Reports are sent to the manager via email but had not been printed and put in the file. Regional manager will ensure that the previous month is in the file when the next visit is due</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required.</p>	<p>The registered person shall ensure that the terminal clean of the home is effective and robust following the infectious outbreak in accordance with the regional IPC guidance and direction provided by PHA.</p> <p>Ref: Section 6.3.3</p> <p>Response by registered person detailing the actions taken: Terminal Clean of the home was completed and maintenance issues were addressed as per IPC and PHA guidance</p>

Action required to ensure compliance with The Care Standards for Nursing Homes 2015	
<p>Area for improvement 1</p> <p>Ref: Standard 12.12</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2018.</p>	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>The registered person shall ensure that the full date of when a patient's weight is taken is recorded to enable a more accurate review of weight loss or gain over time.</p> <p>Ref: Section 6.1</p>
<p>Area for improvement 2</p> <p>Ref: Standard 37</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2018.</p>	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>The registered person shall ensure that records are altered to enable the reader to view the previous entry in accordance with professional guidance and legislative requirements.</p> <p>Ref: Section 6.1</p>
	<p>Response by registered person detailing the actions taken:</p>

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



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