



Unannounced Follow Up Care Inspection Report 13 February 2020



Leabank

Type of Service: Nursing Home (NH)
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Inspector: Gillian Dowds and Nora Curran

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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.

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.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 53 persons and residential care to one named patient.

3.0 Service details

Organisation/Registered Provider: Leabank Responsible Individuals: Brian Macklin Mary Macklin	Registered Manager and date registered: Annette Lindsay – registration pending
Person in charge at the time of inspection: Annette Lindsay	Number of registered places: 53 A maximum of 9 patients in category NH-DE. There shall be a maximum of 1 named resident receiving residential care in category RC-I.
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: Not recorded

4.0 Inspection summary

An unannounced inspection took place on 13 February 2020 from 10.20 to 17.00 hours.

The inspection sought to assess progress with all areas for improvement in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The following areas were examined during the inspection:

- staffing – including deployment
- environment
- care records
- governance arrangements

Evidence of good practice was found with the delivery of care; patients had been supported to maintain their personal care and appearance to a high standard.

The home was found to be warm, well decorated clean and fresh smelling throughout.

Areas requiring improvement were identified in relation to infection prevention and control (IPC) fluid management and wound care documentation.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from patients, people who visit them and staff during the inspection, are included in the main body of the report.

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.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*3	1

*The total areas for improvement includes one that will be stated for a second time and one that will now be stated under regulation due to the lack of sustained improvement.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Annette Lindsay, manager, 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 11 November 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 11 November 2019. Other than those actions detailed in the QIP no further actions were required to be taken.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information and any other written or verbal information received.

During our inspection we:

- Where possible, speak with patients people who visit them and visiting healthcare professionals about their experience of the home.
- Talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete and electronic questionnaire. No responses were received.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 3 February to 23 February 2020
- six care records including food and fluid intake charts and repositioning charts
- incident and accident records
- wound care records
- a sample of governance records
- a sample of monthly monitoring reports
- training records
- RQIA registration certificate

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 previous inspection(s)

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (4) (d) (iii) Stated: First time	The registered person shall ensure that corridors in the home are maintained free from any clutter or obstruction that would impede in the event of an evacuation of the home.	Partially met
	Action taken as confirmed during the inspection: Observation during inspection evidenced a hoist stored in a corridor when not in use and manual handling equipment stored in hallway at the top of the stairs. This is discussed further in section 6.2.	
Area for improvement 2 Ref: Regulation 12 (2) (a) Stated: First time	The registered person shall ensure that all equipment used within the home is only used for the purpose for which it is designed. The use of bed mattresses as crash mats must cease.	Met

	<p>Action taken as confirmed during the inspection: We reviewed the use of equipment in the home and did not observe bed mattresses being used as crash mats.</p>	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p>Area for improvement 1 Ref: Standards 29 & 30 Stated: Second time</p>	<p>The registered person shall review the management of thickening agents to ensure that these are safely stored and records clearly indicate when they have been administered.</p>	Met
	<p>Action taken as confirmed during the inspection: Observation on the day of inspection evidenced that thickening agents were stored appropriately and administration records completed.</p>	
<p>Area for improvement 2 Ref: Standard 12 Stated: Second time</p>	<p>The registered person shall review the fluid management arrangements in the home to ensure daily fluid targets are reflective of individual assessed needs. The registered nurses review and evaluate anyone requiring a daily fluid target to assess the effectiveness of care.</p>	Not met
	<p>Action taken as confirmed during the inspection: One record reviewed was not reflective of the individual assessed need. Records reviewed evidenced that the effectiveness of care was not fully evaluated. This area for improvement will be stated under regulation as discussed in section 6.2</p>	
<p>Area for improvement 3 Ref: Standard 4 Stated: Second time</p>	<p>The registered person shall ensure care plans are developed in response to acute infections whereby patients have been prescribed antibiotics.</p>	Met
	<p>Action taken as confirmed during the inspection: Records reviewed evidenced care plans were developed in response to acute infections.</p>	

Area for improvement 4 Ref: Standard 46.2 Stated: First time	The registered person shall ensure that equipment in the home is properly decontaminated and that hoists in use are maintained clean at all times.	Met
	Action taken as confirmed during the inspection: Review of equipment evidenced that the equipment was clean and cleaning schedules were in place.	

6.2 Inspection findings

Staffing

We discussed the planned daily staffing levels for the home with the manager who confirmed that these were subject to at least a monthly review to ensure the assessed needs of the patients were met. The duty rotas reviewed reflected that the planned staffing levels were adhered to. Staff spoken to stated they were generally happy with the staffing levels, however, one staff member spoken to was dissatisfied with staffing at the weekend.

We discussed this opinion with the manager and regional manager who confirmed that they had already identified this and were reviewing this.

We also sought staff opinion on staffing levels via the online survey; no responses were received.

The majority of patients spoken to told us they were satisfied with the staffing levels in the home. We observed that patients in their rooms had call bells within reach and these were answered promptly. Patients commented:

- “There is always someone about here.”
- “I use the buzzer, the girls come in.”
- “I am usually in the big room, I use the buzzer and they come.”
- I “feel safe enough, come to answer the buzzer.”

Patients visitors were mostly satisfied with the staffing levels and care provided: comments included:

- “Very good, staff are lovely.”
- “Staff are very friendly, he is well looked after.”

One visitor commented that there was a lack of staff; this comment was passed to the management for consideration.

Training

Staff were aware of the need to complete training in deprivation of liberty safeguards (DoLS). However, not all staff had completed training in this area. Staff spoken with had varying levels of awareness of DoLS and how they would ensure the appropriate safeguards were in place for those patients who required them. We discussed this with the regional manager who advised us of the training developed for the staff and confirmed that arrangements were in place for all staff to receive the appropriate level of training in DoLS. A policy regarding the Mental Capacity Act (Northern Ireland) had been developed and was available in the home.

The environment

We reviewed the homes environment and reviewed a selection of bedrooms, bathrooms, shower rooms and storage areas in the home. The home was found to be warm, well decorated clean and fresh smelling throughout. There was good evidence of personalisation in the patients' bedrooms. We identified that in some of the bathrooms pull cords that did not have a wipeable cover, one storage area had items stored on the floor and some equipment was stored in bathrooms. These practices are not in accordance with good infection prevention and control practices. An area for improvement was identified.

We observed new art work at the entrance of the dementia unit of the home, the art work incorporated a colourful tree with patients photographs. We discussed the further development within the unit. The manager discussed the recent review of the unit and ongoing plans to ensure a dementia friendly environment.

Issues were identified with the storage of manual handling equipment in the home. This was discussed with the manager who advised that there was a lack of storage in the home and that would discuss this with the homes fire safety advisor. Following the inspection the regional manager provided assurance in regard to the fire safety officer's advice in relation to the safe storage of equipment. An area for improvement with regard to ensuring that corridors in the home were maintained free from any clutter or obstruction that would impede in the event of an evacuation of the home was made as a result of the previous inspection. This area for improvement has been assessed as partially met and is now stated for a second time.

Care records

We reviewed the care records for six patients and found that these contained a range of validated risk assessments which informed care planning for the individual patients.

A review of wound care records identified one wound with no wound care documentation. We discussed this with the manager who assured us that it was a minor wound that had healed. We reviewed the documentation for a pressure wound in the home and we observed that relevant documentation was in place however we did observe gaps in the recording of the wound evaluation. We discussed this with the manager who again assured the wound was improving and it was a documentation error. An area for improvement was identified.

We reviewed the care plan for a patient who required repositioning the care plan contained the relevant information to direct the care for the patient. Supplementary care records for the repositioning of patients were completed accurately and reflected the plan of care.

We reviewed the fluid management arrangements in the home to ensure daily fluid targets were reflective of individual assessed needs. Care plans were in place reflecting the patients' fluid target. However we identified that the evaluation of the fluid intake lacked detail on any action taken of the daily target wasn't met. We also reviewed the fluid intake record for a patient who had a PEG tube. We were satisfied that the patient was receiving adequate fluids. However the daily fluid target for the patient was unclear. This was followed up post inspection and the fluid target for the patient was clarified with the dietician. An area for improvement with regard to the management of fluids was made as a result of the previous inspection. This has been assessed as not met and has now been stated under regulation due to the lack of improvement.

We reviewed the management of falls in the home. We observed that staff took the appropriate action following a fall however care plans and risk assessments were not always reviewed following a fall. An area for improvement was identified.

Governance arrangements

Systems were in place to monitor and evaluate the quality of nursing care and other services provided in the home. We saw that the audit of accidents and incident was done monthly and that these were analysed for any trends and patterns and any required actions were documented.

There were systems in place to ensure notifiable events were investigated and reported to RQIA.

Areas of good practice

Evidence of good practice was found with the delivery of care; patients had been supported to maintain their personal care and appearance to a high standard.

The home was found to be warm, well decorated clean and fresh smelling throughout.

Areas for improvement

Areas requiring improvement were identified in relation to infection prevention and control (IPC) fluid management and wound care documentation.

	Regulations	Standards
Total number of areas for improvement	2	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Annette Lindsay, nurse manager and Christine Thompson regional 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 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 27 (4) (d) (iii)</p> <p>Stated: Second time</p> <p>To be completed by: Immediately from time of inspection</p>	<p>The registered person shall ensure that corridors in the home are maintained free from any clutter or obstruction that would impede in the event of an evacuation of the home.</p> <p>Ref: 6.1 and 6.2</p> <p>Response by registered person detailing the actions taken: The corridors in the care facility are free from clutter or obstruction that would impede in the event of an evacuation of the home. We have consulted our Fire Assessor who has confirmed that Wheelchairs and hoists are permitted in the corridors to allow for ease of use if they are required in the event of a fire within the home.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from time of inspection</p>	<p>The registered person shall ensure the infection prevention and control measures in the home are in accordance with regional procedures at all times.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: A review of the infection prevention and control measures has been carried out in the facility and is in keeping with the regional procedures at all times.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2020</p>	<p>The registered person shall review the fluid management arrangements in the home to ensure daily fluid targets are reflective of individual assessed needs. The registered nurses review and evaluate anyone requiring a daily fluid target to assess the effectiveness of care.</p> <p>Ref: 6.1 and 6.2</p> <p>Response by registered person detailing the actions taken: A comprehensive review of the fluid management arrangements has been completed ensuring the daily fluid targets are reflective of individual assessed need to ensure the effectiveness of care.</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 4 Stated: First time To be completed by: 30 April 2020	<p>The registered person shall ensure that the wound care records are accurately maintained and reflect the prescribed wound care and treatment</p> <p>The registered nurse should record a meaningful evaluation of the delivery of wound care.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken: A detailed review of wound care management has been carried out ensuring that wound care records are accurately maintained and reflect the prescribed wound care and treatment. A record of evaluation of the delivery of wound care is maintained.</p>

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



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