

Inspection Report

13 September 2022



Leabank

Type of Service: Nursing Home
Address: 1 Beechwood Avenue,
Ballycastle, BT54 6BL
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation: Leabank Responsible Individual(s): Mr Brian Macklin and Mrs Mary Macklin	Registered Manager: Mrs Christine Thompson - not registered
Person in charge at the time of inspection: Mrs Christine Thompson	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 PH – Physical disability other than sensory impairment DE – Dementia.	Number of patients accommodated in the nursing home on the day of this inspection: 44
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 13 September 2022, from 10.15 am to 5.10 pm by care inspectors.

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.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led by the manager.

The findings of this report will provide the manager 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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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 and 'Tell Us' cards 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 Christine Thompson, manager at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we met with 22 patients and consulted with 15 patients individually. The majority of patients said there were plenty of staff members about to help them; the patients complimented the activity programme and the food provision in the home. Patients spoke positively on the care that they received and with their interactions with staff describing staff as "first class" and "very helpful".

Two relatives were spoken with who told us they were happy with the care provided to their loved one in Leabank; one relative said "My mum is very happy". Nine staff were spoken with and told us that the home was more settled than it was, staff were confident that they worked well together and enjoyed working in the home and interacting with the patients. Other comments from staff and patients were shared with the manager.

There were no questionnaire responses and we received no feedback from the staff online survey.

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 27 June 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure safe systems for the management of insulin are in place.	Carried forward to the next inspection
	Action required to ensure compliance with this Regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for Improvement 2 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure patients have a continuous supply of their prescribed medicines.	Carried forward to the next inspection
	Action required to ensure compliance with this Regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 3 Ref: Regulation 13 (4) Stated: First time	The registered person shall implement a robust audit system which covers all aspects of the management of medicines. Any shortfalls identified should be detailed in an action plan and addressed.	Carried forward to the next inspection
	Action required to ensure compliance with this Regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 4 Ref: Regulation 30 Stated: First time	The registered person shall ensure that RQIA are notified of any incident that adversely affects the health or wellbeing of any patient.	Carried forward to the next inspection
	Action required to ensure compliance with this Regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	

Area for improvement 5 Ref: Regulation 20 (1) (c) (i) Stated: First time	<p>The registered person shall ensure that a robust system is in place to ensure that all staff receive and complete mandatory training appropriate to their job role.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
Area for improvement 6 Ref: Regulation 12 (1) (a) (b) Stated: Second time	<p>The registered person shall ensure record keeping in relation to wound management is maintained in accordance with legislative requirements, minimum standards and professional guidance.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of a selection records and discussions held during and following the inspection confirmed this area for improvement was met.</p>	
Area for improvement 7 Ref: Regulation 13 (1) (b) Stated: Second time	<p>The registered person shall ensure that all unwitnessed falls are managed in line with best practice guidance.</p> <p>This specifically relates to:</p> <ul style="list-style-type: none"> • The consistent recording of neurological observations • If observations are stopped before the recommended timeframe a clear rationale must be recorded. <hr/> <p>Action taken as confirmed during the inspection: A review of records evidenced this area for improvement has been met.</p>	Met
Area for improvement 8 Ref: Regulation 20 (1) (a) Stated: First time	<p>The registered person shall ensure that at all times suitably qualified, competent and experienced persons are working in the home in such numbers as are appropriate for the health and welfare of patients.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	

<p>Area for improvement 9</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure patients' personal care needs are carried out in a timely manner.</p> <p>This is specific but is not limited to the morning personal care of patients.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 10</p> <p>Ref: Regulation 12 (1)</p> <p>Stated: First time</p>	<p>The registered person shall ensure the following in regards to the repositioning of patients:</p> <ul style="list-style-type: none"> • that patients are repositioned in keeping with their prescribed care • that repositioning records are accurately and comprehensively maintained at all times. <p>Action taken as confirmed during the inspection: A review of records evidenced this area for improvement has been met.</p>	<p>Met</p>
<p>Area for improvement 11</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk of spread of infection.</p> <p>This relates specifically to the following:</p> <ul style="list-style-type: none"> • the cleanliness of bed rail protectors • the cleanliness of moving and handling equipment • the cleanliness of shower chairs. <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>

Area for improvement 12 Ref: Regulation 10 (1) Stated: First time	<p>The registered person shall implement robust governance and management systems to ensure effective managerial monitoring and oversight of the day to day service provided by the home.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		
Area for Improvement 1 Ref: Standard 29 Stated: First time	<p>The registered person shall ensure that complete records of the administration of medicines and nutritional supplements administered via the enteral route are maintained.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	Carried forward to the next inspection
Area for improvement 2 Ref: Standard 30 Stated: First time		
	<p>The registered person shall ensure that the minimum and maximum medicine refrigerator temperatures are recorded to demonstrate that medicines are stored in accordance with the manufacturers' instructions.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	Carried forward to the next inspection
Area for improvement 3 Ref: Standard 29 Stated: First time		
	<p>The registered person shall ensure that records of medicines received are accurately completed and signed and dated by a registered nurse.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	Carried forward to the next inspection

Area for improvement 4 Ref: Standard 28 Stated: First time	The registered person shall ensure a comprehensive review of training and competency of all staff that have responsibility for managing medicines is undertaken.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 5 Ref: Standard 23 Stated: Second time	The registered person shall ensure that care records for patients who require a pressure relieving mattress accurately reflect the prescribed pressure setting and evidence the regular review of these settings.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 6 Ref: Standard 12 Stated: Second time	The registered person shall ensure the daily menu displayed should reflect the meals served and be displayed in a suitable format. Any variation from the planned menu must be recorded.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 7 Ref: Standard 12 Stated: First time	The registered person shall review the dining experience in the upstairs unit to ensure the heated trolley is used at all mealtimes.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for improvement 8 Ref: Standard 4 Stated: First time	<p>The registered person shall ensure when a urinary catheter is in use, catheter care is carried out in line with best practice guidance.</p> <p>This relates specifically to the following:</p> <ul style="list-style-type: none"> • the correct catheter drainage bag is in use • a catheter stand is used • an appropriate clean receptacle is used to drain the catheter. <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
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5.2 Inspection findings

5.2.1 Staffing Arrangements

A system was in place to ensure that staff completed their training. Review of the training matrix evidenced that the majority of staff had achieved compliance with their training requirements. Checks were made to ensure that nursing staff maintained their registrations with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Staff confirmed that they were busy in the home but added that patients' needs were met with the number and skill mix of staff on duty. Staff said there was good teamwork in the home. 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. It was observed that correction fluid was used when alterations were made to the duty rota, the use of correction fluid is not in keeping with best practice guidance; an area for improvement was identified.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way. A number of new staff members have commenced employment in Leabank and further recruitment is ongoing.

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.

It was observed that staff respected patients' privacy; they knocked on doors before entering bedrooms and bathrooms and offered personal care to patients discreetly.

There was a pleasant, relaxed atmosphere in the home throughout the inspection; staff and patients had cheerful and friendly interactions. Patients were well presented, receiving support with personal care in a timely and discrete manner. The staff members were seen to speak to patients in a caring and professional manner; they offered patients choice and options throughout the day regarding, for example, where they wanted to spend their time or what they would like to do.

Patients who were less able to mobilise require special attention to their skin care. Review of a sample of repositioning records evidenced that they were well maintained.

Patients who required care for wounds or pressure ulcers had this clearly recorded in their care records. Improvement in the overall care recording for wounds was observed.

Discussion with the manager and a review of records confirmed that the risk of falling and falls were well managed. Review of records confirmed that staff took appropriate action in the event of a fall, for example, they completed neurological observations and sought medical assistance if required. The manager has implemented an aide memoire to assist staff in the time frames for the monitoring of neurological observations and there was evidence this was working well. The appropriate care records were reviewed and updated post fall.

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 dining experience was an opportunity of patients to socialise; the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. In the upstairs unit the staff members were observed to use the hot trolley to assist with the serving of the lunch time meal. The patients told us they enjoyed the food provided.

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.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. 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 reviewing a sample of bedrooms, bathrooms, storage spaces, the laundry and communal areas such as lounges. The home was warm, clean and comfortable. Patients' bedrooms were clean, tidy and personalised with items of importance to each patient, such as family photos and sentimental items from home.

Corridors were clear of clutter and obstruction and fire exits were also maintained clear.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases.

The staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

5.2.4 Quality of Life for Patients

During the inspection patients were observed enjoying a game of Bingo, engaged in their own activities such as; watching TV, reading their daily newspaper, resting or chatting to staff. Patients were seen to be content and settled in their surroundings and in their interactions with staff.

There was a range of activities provided for patients by activity staff. The range of activities included social, cultural, religious, spiritual and creative events.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mrs Christine Thompson is acting manager while recruitment is ongoing for a permanent manager for Leabank.

There was evidence that a robust 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. The regional manager was identified as the appointed safeguarding champion for the home. It was established that systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Staff members 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 incident that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained.

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 (April 2015)**.

	Regulations	Standards
Total number of Areas for Improvement	4*	5*

*the total number of areas for improvement includes four areas under Regulation and four standards which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Christine Thompson, 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: Immediately from the date of inspection (29 March 2022)	The registered person shall ensure safe systems for the management of insulin are in place. Ref: 5.1
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time To be completed by: Immediately from the date of inspection (29 March 2022)	The registered person shall ensure patients have a continuous supply of their prescribed medicines. Ref: 5.1
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 3 Ref: Regulation 13 (4) Stated: First time To be completed by: Immediately from the date of inspection (29 March 2022)	The registered person shall implement a robust audit system which covers all aspects of the management of medicines. Any shortfalls identified should be detailed in an action plan and addressed. Ref: 5.1
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 4 Ref: Regulation 30 Stated: First time To be completed by: Immediately from the date of inspection (29 March 2022)	The registered person shall ensure that RQIA are notified of any incident that adversely affects the health or wellbeing of any patient. Ref: 5.1
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 29 Stated: First time To be completed by: Ongoing from the date of inspection (22 & 29 March 2022)	The registered person shall ensure that complete records of the administration of medicines and nutritional supplements administered via the enteral route are maintained. Ref: 5.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Standard 30 Stated: First time To be completed by: Ongoing from the date of inspection (29 March 2022)	The registered person shall ensure that the minimum and maximum medicine refrigerator temperatures are recorded to demonstrate that medicines are stored in accordance with the manufacturers' instructions. Ref: 5.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 3 Ref: Standard 29 Stated: First time To be completed by: Ongoing from the date of inspection (29 March 2022)	The registered person shall ensure that records of medicines received are accurately completed and signed and dated by a registered nurse. Ref: 5.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 4 Ref: Standard 29 Stated: First time To be completed by: 22 April 2022	The registered person shall ensure a comprehensive review of training and competency of all staff that have responsibility for managing medicines is undertaken. Ref: 5.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.

Area for improvement 5 Ref: Standard 41 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that the staff duty rota is maintained in keeping with legislation and best practice guidance; and does not evidence the use of correction fluid.
	Response by registered person detailing the actions taken: Correction Fluid is not used on the duty rota.

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



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