



# Unannounced Follow Up Care Inspection Report 20 February 2019



## Leabank

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

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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 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

<b>Organisation/Registered Provider:</b> Leabank  <b>Responsible Individuals:</b> Mr Brian Macklin Mrs Mary Macklin	<b>Registered Manager:</b> Matilda Kathleen Annette Lindsay – manager
<b>Person in charge at the time of inspection:</b> Patricia Laverty – registered nurse	<b>Date manager registered:</b> Matilda Kathleen Annette Lindsay - application received and registration pending
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.  A maximum of 2 patients in category NH-DE. All new admissions to categories NH-DE must receive prior approval from RQIA  There shall be a maximum of one named resident receiving residential care	<b>Number of registered places:</b> 55

### 4.0 Inspection summary

An unannounced inspection took place on 20 February 2019 from 09.10 to 16.20 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.

This inspection sought to assess progress with issues raised at a previous care inspection on the 11 October 2018. Following the receipt of information from the home and from the Northern Health and Social Care Trust we also focused on the falls management arrangements within the home

#### Areas of good practice

There were examples of good practice found throughout the inspection in relation to completion of Regulation 29 reports, governance arrangements, the environment and patient areas were found to be warm and comfortable.

## Areas for improvement

Areas for improvement identified during the inspection include reviewing the morning administration of medication routine and review of the existing 'falls prevention' policy and procedure.

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

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Patricia Laverty, registered nurse, 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

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 7 January 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this 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
- written and verbal communication received since the previous care inspection
- the registration status of the home
- the returned QIP from the previous care inspection
- the previous care inspection reports
- pre-inspection audit

During the inspection we met with ten patients, two patient's relatives/representatives and 11 staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. We provided the person in charge 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 in the front foyer area of the nursing home.

The following records were examined during the inspection:

- duty rota for all staff for weeks beginning 11 and 18 February 2019
- incident and accident records
- a sample of governance audits
- complaints records
- compliments records
- RQIA registration certificate
- certificate of employer's liability insurance
- records for the management of mandatory training
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- three patient care files including supplementary care records
- a selection of policies and procedures

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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 the most recent inspection dated 7 January 2019**

The most recent inspection of the home was an unannounced medicines management inspection.

The completed QIP was returned and approved by the pharmacist inspector.

## 6.2 Review of areas for improvement from the last care inspection dated 11 October 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 14 (2) <b>Stated:</b> First time	The registered person shall ensure that COSHH regulations are strictly adhered to at all times throughout the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observations throughout the home evidenced that COSHH regulations were appropriately adhered to.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time	The registered person shall ensure that all patients' care plans and risk assessments are reviewed/evaluated in accordance with policy and procedure.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Patients care plans and risk assessments reviewed had been completed and maintained in accordance with policy and procedure.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 12 <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Care records reviewed evidenced a system in place for the recording, monitoring and review of individual patient fluid management arrangements.	

<b>Area for improvement 3</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observations and discussion with the cook confirmed that a modified snack option was available for patients. We asked the person in charge to reinforce with care staff that this option should be offered to those patients on a modified diet.	

## 6.3 Inspection findings

### 6.3.1 Registration

The certificate of registration issued by RQIA was appropriately displayed in the home. The person in charge 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 further change of management arrangements for the home, Matilda Kathleen Annette Lindsay has submitted an application for registration with RQIA.

### 6.3.2 Patient experience

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, storage areas and dining rooms. Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. Observations in the kitchen area and of the morning tea/drink round confirmed that a snack option for those patients on a modified diet was available.

At the time of writing this report, there were no questionnaires returned to RQIA. 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.

### 6.3.3 Staffing and patient care

A review of the staff duty rota for weeks beginning 11 and 18 February 2019 evidenced that the planned staffing levels remained consistent. 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.



Observations and discussion with registered nursing staff evidenced that at 12.15 hours there were identified patients who were still waiting to receive their morning medications. This was discussed with the nurse in charge who was advised that the administration of medicines should be reviewed to ensure that these are administered on time, the times on the medication administration records are reflective of practice and in the instances where these are delayed, this is clearly recorded on the administration records. The pharmacist inspector for the home was notified accordingly and an area for improvement was identified.

#### **6.3.4 Environment**

The home was fresh smelling and generally tidy throughout. We observed building works that were ongoing to establish a new area of the home for patients living with dementia. Observations and discussion with staff confirmed that the ongoing works was being carefully managed so to ensure minimal disruption to existing patients living in the home.

#### **6.3.5 Falls management and patient care records**

We reviewed care records for identified patients who had experienced falls or who were at high risk of falls. In each case a person centred care plan had been devised and was regularly evaluated. Falls risk assessments were consistently reviewed monthly or as part of the post falls investigation, which again was also consistently completed following an incident. Review of the accident and incident book evidenced that falls were appropriately documented and recorded. There was a robust monthly accident and incident auditing system in place for management oversight and governance. Falls that required notification to RQIA were reported appropriately in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. We observed for an identified patient, who was in receipt of electronic monitoring, that the system in use could only be heard for a certain distance, this had the potential for the patient to miss being promptly attended to. This was discussed with the person in charge who was asked to review this for all patients in use of the same equipment.

The falls prevention policy for the home had been reviewed in accordance with the Care Standards for Nursing Homes 2015. However we identified some deficits in the policy which should be considered as part of a policy review, this included:

- a lack of guidance for nursing staff to ensure that a care plan is devised for the management of those patients deemed at risk of falls;
- guidance for staff on the management of a suspected or confirmed head injury, including the completion of Central Nervous System (CNS) observations;
- and guidance for staff on the reporting of notifiable events to RQIA.

These points were discussed with the person in charge and an area for improvement under the standards was made.

#### **6.3.6 Governance**

Discussion with the person in charge and review of records evidenced that quality monitoring visits were completed on a monthly basis in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.



Review of governance arrangements for the home, particularly systems for auditing, evidenced a robust system in place and that audits were reviewed as part of subsequent audits.

Review of staff training records evidenced a robust system in place for the management and oversight of staff mandatory training via the use of an electronic recording matrix. The person in charge shared with the inspector dates of further mandatory training planned for March 2019.

### 6.3.7 Complaints and compliments

Review of the home's complaints records evidenced that, for a recently received complaint an acknowledgement of the complaint had not been submitted to the complainant, the person in charge agreed to action this immediately. All other complaints management systems were in place and appropriately followed to ensure that complaints were managed and recorded in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015. The complaints policy for the home had been reviewed in accordance with the Care Standards for Nursing Homes 2015.

Review of a sample of compliments received by the home included the following comments:

- "...to all the staff in Leabank we wish to thank you all for caring for .... we know she was very well looked after"
- "...thanks for all the love, care and fun you brought to .... eternally grateful".

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

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

## 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, registered nurse, 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 29  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required	The registered person shall review the routine/procedure for the administration of medicines as detailed in the report.  Ref: 6.3.3  <b>Response by registered person detailing the actions taken:</b> The Administration of medication procedure and routine has been reviewed and the additional nurse in the morning period has now been put in place to alleviate the concerns and difficulties with the medication round.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 28  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required	The registered person shall review the existing 'falls prevention' policy and procedure with consideration of the points mentioned in this report.  Ref: 6.3.5  <b>Response by registered person detailing the actions taken:</b> The falls prevention policy has been updated and renamed to Falls and Falls prevention policy to reflect the action that staff should take when a patient falls.

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



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