



Announced Variation to Registration Care Inspection Report 22 March 2019



Leabank

Type of Service: Nursing Home (NH)
Address: 1 Beechwood Avenue, Ballycastle BT54 6BL
Tel No: 02820763392
Inspector: James Lavery

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 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 53 persons.

3.0 Service details

Registered Provider: Leabank Responsible Individuals: Brian Macklin Mary Macklin	Registered Manager: Matilda Kathleen Annette Lindsay - manager
Person in charge at the time of inspection: Matilda Kathleen Annette Lindsay	Date manager registered: Matilda Kathleen Annette Lindsay - application received and 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 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.	Number of registered places: 53

4.0 Inspection summary

An announced variation to registration inspection of Leabank took place on 22 March 2019 from 09.45 to 12.15 hours.

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

The inspection sought to assess an application submitted to RQIA for a variation to the registration of Leabank for provision of a nine bedded dementia unit located on the ground floor.

The variation to registration to Leabank was granted from a care perspective following this inspection.

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

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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Matilda Kathleen Annette Lindsay, manager, Brian Macklin, responsible individual and other members of the senior management team as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent inspection dated 20 February 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 20 February 2019. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 20 February 2019.

5.0 How we inspect

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

- the application to vary the registration of the home
- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which may include 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

During the inspection the inspector and a member of the RQIA estates team met with the manager, responsible individual and other members of the senior management team.

The following records were examined prior to the inspection:

- the statement of purpose
- RQIA registration certificate

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 20 February 2019

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and 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 20 February 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 29 Stated: First time	The registered person shall review the process for the administration of medicines as detailed in the report. Ref: 6.3.3	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 2 Ref: Standard 28 Stated: First time	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	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

This inspection focused solely on the variation to registration application made by the registered provider to RQIA. The areas for improvement from the last care inspection on 20 February 2019 were not reviewed as part of the inspection and are carried forward to the next care inspection.

6.3 Inspection findings

6.3.1 Environment

The manager and regional manager were present upon arrival and ensured that the inspector and a member of the RQIA estates team were welcomed into the setting in a friendly and polite manner. The proposed nine bedded dementia unit is located on the ground floor and access to this unit is via a corridor doorway which is restricted by means of an electronic keypad. It was noted during the inspection that there was a potential for access to an enclosed garden area of the unit via an identified patient's bedroom. It was confirmed by the regional manager following the inspection that access to this garden area had been reviewed so as to ensure that it remained appropriately secure at all times.

Review of the dementia unit environment highlighted that bedrooms and communal areas were decorated and furnished to a good standard. Patients will have access to a bedside light, bedside cabinet, call bell, wardrobe, and lockable storage space. It was agreed with the manager that the potential provision of locks to bedroom doors would be offered and/or discussed as part of any patient's pre-admission assessment and kept under review thereafter.

The environment was also noted to be tidy, clean and fresh smelling. Fire exits and corridors were observed to be clear of clutter and obstruction. As a result of the inspection, a list of outstanding works regarding the environment was identified and it was confirmed by the regional manager following the inspection that the majority of these had been addressed. The one outstanding action which concerned an infection prevention and control matter was scheduled to be addressed the following week. Personal protective equipment such as gloves and aprons were also available for staff to use.

6.3.2 Management arrangements

The manager of the home is employed in a full time capacity. It was confirmed with the manager that existing policies and procedures currently in place would continue to apply within the dementia unit. It was also confirmed that the manager's responsibility to quality assure ongoing care provision and service delivery throughout the home would remain unchanged.

6.3.3 Staffing arrangements

Proposed staffing arrangements for the unit were discussed with the manager and it was confirmed that the number and skill mix of staff would be made subject to a monthly review to ensure that the assessed needs of patients were met. The staffing arrangements will be reviewed and monitored at subsequent care inspections. The regional manager also confirmed that dementia awareness training was now a component of mandatory training for all staff and that no staff member will be deployed to the dementia unit without having first completed this aspect of training.

6.4.4 Admissions

Feedback from the manager and regional manager confirmed that admissions to the dementia unit would be facilitated in a patient centred and progressive manner. The purpose of this approach was to ensure that patients could acclimatise themselves to the new environment while facilitating staff in developing an effective understanding of the patients' assessed care needs and preferred routines. It was therefore agreed with the manager that there should be no more than three admissions into the unit within any one week period.

6.4.5 Statement of Purpose

A review of the Statement of Purpose prior to the inspection evidenced that this had been written in conjunction with The Nursing Homes Regulations (Northern Ireland) 2005 and had reflected the arrangements in place for the planned environmental improvements.

Areas of good practice

An area of good practice was observed in relation to the maintenance of the environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Conclusion

The application to vary the registration of Leabank was granted from a care perspective following this inspection.

7.0 Quality improvement plan

Areas for improvement identified during the previous care inspection are detailed in the QIP. Details of the QIP were not discussed with Matilda Kathleen Annette Lindsay, manager, as part of this inspection process. The timescales commence from the date of the previous care 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 the previous care 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

It was noted that the QIP arising from the previous care inspection was completed and returned to RQIA on 5 April 2019 and subsequently assessed by a care inspector. This will be validated by the care inspector at the next care inspection.

Quality Improvement Plan	
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 29 Stated: First time To be completed by: 20 February 2019	The registered person shall review the process for the administration of medicines as detailed in the report. Ref: 6.2 Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 2 Ref: Standard 28 Stated: First time To be completed by: 20 February 2019	The registered person shall review the existing 'falls prevention' policy and procedure with consideration of the points mentioned in this report. Ref: 6.2 Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.

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