

Inspection Report

22 September 2023



Leabank

Type of service: Nursing

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation: Leabank Responsible Individual: Mr Brian & Mrs Mary Macklin	Registered Manager: Mrs Lyndsay Boyd – not registered
Person in charge at the time of inspection: Mrs Lyndsay Boyd	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. DE – Dementia. PH – Physical disability other than sensory impairment.	Number of patients accommodated in the nursing home on the day of this inspection: 50
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 22 September 2023, from 9.20 am to 5.30 pm by a care inspector.

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.

Areas requiring improvement were identified during this inspection and are discussed within the main body of the report and Section 6.0.

It was evident that staff promoted the dignity and well-being of patients by respecting their personal preferences and choices throughout the day. Discussion with staff identified that they had a good knowledge of patients' needs and had relevant training to deliver safe and effective care. Staff provided care in a compassionate manner and were sensitive to patients' wishes.

Patients were happy to engage with the inspector and share their experiences of living in the home. Patients expressed positive opinions about the home and the care provided. Patients said that staff members were helpful and pleasant in their interactions with them.

Patients who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

RQIA were assured that the delivery of care and service provided in Leabank was safe, effective, and compassionate and that the home was well led.

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.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the commissioning Trust.

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 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 the management team at the conclusion of the inspection.

4.0 What people told us about the service

Patients, staff, relatives and a visiting healthcare professional were consulted during the inspection. Staff spoken with said that Leabank was a good place to work. Staff were satisfied with the staffing levels, the training provided and the support from the manager.

Patients spoken with told us they had good experiences living in the home and they liked the meals provided. Patients told us “you couldn’t get better and the food is gorgeous” “the staff are very good and kind”, “I am quite content” and “it’s very pleasant in here”. Patients who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

Two relatives expressed no concerns about the care their loved one receives and they confirmed if they had any issues they felt they could raise these with the staff in Leabank.

One visiting healthcare professional commented on the improvement noted in communication with staff and how some recent training appeared to be embedded into practice.

Nine questionnaires were returned; seven from patients; the patients included either a satisfied or very satisfied response in regard to their care experiences in Leabank. One patient commented; “I enjoy it here”. Two returned questionnaires were from relatives and although no additional comments were included they indicated a satisfied or very satisfied response to the questions asked.

One staff member started but did not complete the online staff survey; however; they did respond with a very satisfied response to the questions regarding if the care delivered to patients in Leabank is safe, effective compassionate and well led. The staff member also added that they “really enjoy working in Leabank”.

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 2 March 2023		
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 thickening agents are securely stored at all times when not in use.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met. See section 5.2.3 for additional information.	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for Improvement 1 Ref: Standard 6 Stated: First time	The registered person shall ensure that when patients are in their bedroom they have call bells within reach; if a patient is unable to summon assistance in this way this should be clearly documented in their individual care records.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a system was in place to ensure staff were recruited correctly to protect patients.

There were systems in place to ensure staff were trained and supported to do their job. The manager retained good oversight of staff compliance with their training requirements.

A matrix system was in place for staff supervision and appraisals to record staff names and the date that the supervision/appraisal had taken place.

There was a system in place to monitor that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

Staff who take charge in the home in the absence of the manager had completed relevant competency and capability assessments.

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. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met.

Staff told us that the patients' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. It was clear through these interactions that the staff and patients knew one another well.

Staff said that they felt well supported in their role and found the management team very approachable. Staff spoke positively on staffing levels and teamwork in the home.

5.2.2 Care Delivery and Record Keeping

Staff said they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff demonstrated their knowledge of individual patient's needs, preferred daily routines, likes and dislikes.

It was observed that staff provided care in a caring and compassionate manner. Patients were well presented in their appearance.

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. There was evidence that patients' needs in relation to nutrition and the dining experience were being met.

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.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients' individual likes and preferences were well 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.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails or alarm mats. It was established that safe systems were in place to manage this aspect of care.

Patients who required care for wounds had this clearly recorded in their care records and records evidenced the wounds were dressed by the nursing staff as planned.

Patients who were less able to mobilise were assisted by staff to change their position. A review of repositioning records evidenced that patients were not always repositioned as prescribed in their care plans; an area for improvement was identified.

Examination of records and discussion with the manager confirmed how the risk of falling and falls were managed. Review of records confirmed that staff took appropriate action in the event of a fall, for example, they commenced neurological observations and sought medical assistance if required and the appropriate care records were reviewed and updated post fall. However, examination of a selection of neurological observations evidenced these had not been completed for the recommended timeframe. An area for improvement was identified.

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 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.

There was evidence that the home required repainting in a number of areas, the manager agreed to request the maintenance personnel to review and repaint these areas as required.

Throughout the home containers of denture cleaning tablets were observed in patient bedrooms, denture cleaning tablets should be securely stored as they pose a potential risk to patients if accidentally ingested. This was discussed with the manager who agreed to review the storage of the denture cleaning tablets.

A number of toiletries belonging to patients within the dementia unit were observed in bedrooms sitting around the vanity units. The manager was requested to review the storage of toiletries within this unit as potentially these products could be hazardous to patients if ingested.

An area for improvement was identified in regard to the safe storage of denture cleaning tablets and toiletries in the dementia unit.

A number of shower chairs were observed not effectively cleaned; an area for improvement was identified.

One container of food and fluid thickening agent was observed in an unlocked cupboard in the dementia unit. This was discussed with the manager who took immediate action to securely store the container, an area for improvement regarding the storage of these items was met as no further containers were observed throughout the home and due to the responsiveness and assurances provided by the manager. Continued compliance with the safe storage of food and fluid thickening agents will be followed up on future inspections of the home.

Fire safety measures were in place to ensure patients, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible and the staff had taken part in regular fire drills in the home. A valid fire risk assessment was available for review. However, the door to the upstairs nurses' station was noted to be kept open with a chair when the nurses were in the office. Discussion with the staff regarding their responsibilities in the event of a fire and when they left the office provided assurance that staff would ensure this chair was moved. However, RQIA requested that the layout of this room was reviewed to ensure all risks were mitigated in the event that this room required evacuation. This will be reviewed at the next inspection.

Staff members were observed to carry out hand hygiene at appropriate times and to use personal protective equipment (PPE) in accordance with the regional guidance.

5.2.4 Quality of Life for Patients

The atmosphere in the home was relaxed and homely with patients seen to be comfortable, content and at ease in their environment and interactions with staff.

There was a range of activities provided for patients by activity staff. Some patients attended the local community hub on the day of inspection for a cuppa and a chat with other local people. The activity staff told us how the patients look forward to this outing which is facilitated frequently.

The other range of activities included for the patients included social, community, cultural, religious, spiritual and creative events. The monthly schedule of activities was displayed in the foyer of the home.

Patients' needs were met through a range of individual and group activities. Activity records were maintained which included patient engagement with the activity sessions.

It was observed that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Patients appeared to be content and settled in their surroundings and in their interactions with staff.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Lyndsay Boyd is the home manager, we discussed Mrs Boyd's application to RQIA to be registered as the manager of Leabank, and it was agreed this application will be submitted as soon as possible.

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.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients.

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 is the safeguarding champion for the home, it was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

The manager maintained records of regular staff and departmental meetings. The records contained an attendance list and the agenda items discussed. Meeting minutes were available for those staff who could not attend.

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 (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	2	2

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, 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 (1) (b) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that all unwitnessed falls are managed in line with best practice guidance. This specifically relates to: <ul style="list-style-type: none"> • The consistent recording of neurological observations. Ref: 5.2.2
	Response by registered person detailing the actions taken: We will ensure staff use the CNS observation tool which prompts staff when these are due. This is ongoing and will be reviewed by management.
Area for improvement 2 Ref: Regulation 14 (2) (a) Stated: First time To be completed by: With immediate effect	The registered person shall ensure as far as reasonably practical that all parts of the home to which patients have access are free from hazards to their safety. This is stated in relation to: <ul style="list-style-type: none"> • the safe storage of toiletries in the Dementia Unit • the safe storage of denture cleaning tablets. Ref: 5.2.3
	Response by registered person detailing the actions taken: Denture tablets are now being kept in the nurses station where staff can access if required. Toiletries in the dementia unit are also now kept in a locked cupboard in individually named boxed which can be accessed by staff.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 23 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that patients are repositioned as prescribed in their care plan. Ref: 5.2.2
	Response by registered person detailing the actions taken: This is ongoing and checked regularly by management. Any discrepancies will be discussed with staff involved.

Area for improvement 2 Ref: Standard 46.2 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure shower seats are effectively cleaned.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: Stained shower chairs have been disposed of and ongoing cleaning schedules and checks are in place by management.</p>
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