

Unannounced Follow Up Care Inspection Report 23 February 2018



Leabank

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

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 55 persons.

3.0 Service details

Organisation/Registered Provider: Leabank Responsible Individual(s): Mr Brian Macklin Mrs Mary Macklin	Registered Manager: Mr David Ross
Person in charge at the time of inspection: David Ross – registered manager	Date manager registered: 22 February 2018
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. . Residential Care (RC) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.	Number of registered places: Total number of registered beds: 55 Comprising of : 41 – NH - I and PH 10 – RC – I and PH 2 – NH – DE 2 - RC - DE

4.0 Inspection summary

An unannounced inspection took place on 23 February 2018 from 10:15 to 16:00 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 DHSSPS Care Standards for Nursing Homes 2015.

The inspection focus was to assess progress with the areas for improvement identified during the last care inspection.

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

During this inspection we reviewed two staff personnel files. It was evidenced that one member of staff had commenced employment prior to the receipt of Access NI clearance and the receipt of two written references. The lack of safeguards to protect and minimise risk to patients through robust, effective recruitment practice and the potential impact on service users' was concerning.

On review of patient care records there was evidence to demonstrate that two areas for improvement under the care standards, stated for a second time on 30 October 2017, had not been met. The potential impact on service users' was concerning.

The inspection findings were discussed with RQIA senior managers and as a consequence, it was agreed that two meetings with the registered persons would be held; one with the intention of issuing a failure to comply notice regarding safe, robust and effective recruitment practices and secondly, given the lack of improvement, a meeting with the intention of issuing an improvement notice regarding patient care records.

During the first intention meeting to issue a failure to comply notice, the registered persons and the regional manager acknowledged the failings identified and submitted a detailed and comprehensive action plan to address the identified concerns. Based on the information and assurances provided regarding management and governance arrangements in respect of recruitment practices, RQIA made a decision not to serve the failure to comply notice.

However, RQIA advised that should any further breaches of regulations, regarding the safe and effective recruitment of staff be evidenced, then this decision would be reviewed accordingly.

In relation to the standard of patient care records RQIA were not fully assured that the proposed actions would be imbedded into practice and a decision was made to issue an improvement notice under Standard 4, of the Care Homes Standards for Nursing Homes. The date when compliance must be achieved is 12 April 2018. Further inspection will be undertaken at this time to validate compliance.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

There were examples of good practice found throughout the inspection in relation to engagement with staff and care delivery.

Areas for improvement under regulation were identified in relation to care planning, infection prevention and control practices, notifiable events, governance regarding accidents/incidents and availability of quality monitoring reports.

Areas for improvement under the standards were identified in relation to the recording of weights and the altering of records.

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	*5	1

*The total number of areas for improvement made under the regulations includes one stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with the registered manager David Ross, and regional manager, Christine Thompson, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

Further inspection is planned to validate compliance and drive improvements.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

4.2 Action/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 30 October 2017. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent care 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
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection we met with eight patients individually and with other in small groups and nine staff. Questionnaires were also left in the home to obtain feedback from patients and relatives and staff were invited to complete an online staff survey.

The following records were examined during the inspection:

- duty rotas for nursing and care staff from 12 to 25 February 2018
- staff training records
- incident and accident records from 1 January to 23 February 2018
- two staff recruitment and induction files
- governance audits pertaining to record keeping and infection prevention and control measures

- complaints record
- four patient care records
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 for December 2017; January and February 2018

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 the most recent inspection dated 30 October 2017

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

This QIP was validated by the care inspector during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 30 October 2017

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) Stated: First time To be completed by: Immediate action required	The registered person shall ensure that fire exits and escape routes internally and externally are maintained free from obstruction.	Met
	Action taken as confirmed during the inspection: Observation of internal and external fire exits and escape routes confirmed that these were maintained free from obstruction.	

<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a) (b) and (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that the risks identified during inspection regarding the securing of wardrobes and the use of portable electric radiators are managed appropriately and that staff are aware of the need to report such issues to management.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and review of a sample of bedrooms evidenced that portable radiators had been removed and wardrobes were secured to the wall.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 16</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2017</p>	<p>The registered person shall ensure that care plans are in place to manage the nursing needs of patients and that these are regularly reviewed to ensure they accurately reflect the needs of the patient.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of patients' care records evidenced that this area for improvement had been partially met. For example, nursing assessments and care plans were completed in a timely manner following admission to the home. However, risk assessments and care plans were not consistently reviewed or updated when the needs of a patient changed.</p> <p>The registered manager did confirm that he had begun the process of named nursing and provided records confirming discussion and communication with staff of this process. In addition minutes of a staff meeting with registered nurses evidenced that the inspection outcomes from October 2018 had been discussed. Refer to section 6.3 for further details.</p> <p>This area for improvement is now stated for a second time.</p>	<p>Partially met</p>

Action required to ensure compliance with The DHSSPS Care Standards for Nursing Homes 2015		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: Second time To be completed by: 31 December 2017	The registered person shall ensure that risk assessments and care plans are updated when there is a change to the patient's condition.	Not met
	Action taken as confirmed during the inspection: Review of four patient records, including care charts evidenced that risk assessments and care plans were not consistently reviewed when there was a change in the patient's condition. For example, following a fall. Refer to section 6.3 for further details. This area for improvement has been subsumed into an improvement notice issued under Standard 4 of the Care Standards for Nursing Homes (April 2015).	
Area for improvement 2 Ref: Standard 4.9 Stated: Second time To be completed by: 31 December 2017	The registered person shall ensure that record keeping is contemporaneous and reflective of the care delivered. Refer to section 6.3 For further details	Not met
	Action taken as confirmed during the inspection: Review of four patient's reposition charts could not evidence that patients were being repositioned in accordance with their assessed needs and care plan. It was also evident that registered nurses did not review patient reposition charts before they recorded their daily evaluation of the care delivered. This area for improvement has been subsumed into an improvement notice issued under Standard 4 of the Care Standards for Nursing Homes (April 2015).	

<p>Area for improvement 3</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2017</p>	<p>The registered person shall ensure that clean commode pots are appropriately stored; in keeping with regional infection and prevention guidelines.</p> <hr/> <p>Action taken as confirmed during the inspection: Observation of sluice rooms on both floors evidenced that despite the addition of racks and shelving since the last inspection; the practice of stacking commode pots was still evident. This area for improvement has been escalated to an area for improvement under the regulations as additional concerns were identified in relation to infection and prevention control practices.</p> <p>Refer to section 6.3 For further details.</p> <p>This area for improvement has not been met and has been subsumed into an area for improvement under regulation.</p>	<p>Not met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 5</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that patients' information is managed confidentially and is not readily accessible to anyone entering the nursing home.</p> <hr/> <p>Action taken as confirmed during the inspection: Observation s confirmed that patient information was managed confidentially.</p> <p>It was observed that whiteboards, in each nursing office, were used to communicate with staff. Advice was provided to the registered manager to ensure patient specific information was not recorded on them.</p>	<p>Met</p>

6.3 Inspection findings

6.3.1 Infection Prevention and Control practices (IPC)

As stated previously in section 6.2 and area for improvement made under the care standards in relation to the storage of commode pots was not met and is subsumed into an area for improvement under the regulations. In addition to this the following concerns regarding IPC practices were also identified:

- Two staff were observed wearing cardigans or tops in addition to their uniform. Staff when asked were aware that they should not be wearing long sleeves to enable to effective washing of their hands and in keeping with IPC guidance.
- A member of care staff was observed to carry a bedpan of urine from a patient's bedroom to a nearby sluice. The bedpan was not covered. The staff member was wearing a pair of gloves but no apron. The bedpan was not effectively washed but only rinsed with water and the staff member was exiting the sluice following this still wearing the gloves. When asked the staff member was aware of the correct IPC practices in relation to the transporting of body fluids for disposal, decontamination of bedpans and the correct use and disposal of aprons and gloves.
- A member of laundry staff was observed to be decanting soiled linen from a skip in the sluice to a larger skip for transport to the laundry. The staff member was not wearing an apron. When asked the staff member was aware of the correct procedures for handling soiled linen.

These findings were discussed with the registered manager and an area for improvement under the regulations was made.

Areas for improvement

An area for improvement under the regulations was made in relation to IPC practices.

	Regulations	Standards
Total number of areas for improvement	1	0

6.3.2 Notifiable events

We reviewed the notifications received by RQIA since the last care inspection conducted on 30 October 2017 in comparison to the accident /incidents records held in the home from 1 January to 21 February 2018. It was found that four out of five accidents resulting in a head injury, as recorded by nursing staff, had not been reported to RQIA in accordance with Regulation 30.

Details were provided to the registered manager who agreed to notify us retrospectively. An area for improvement under the regulations was made.

In addition it was concerning that the weekly reporting process to senior management in relation to accidents and incidents had not identified this deficit in reporting notifiable events and that one accident record did not evidence that nursing staff had recorded any clinical observations. Examination of the patient's care records confirmed that clinical observations had been recorded. Details were discussed with the registered manager. An area for improvement under the regulations was made.

Areas for improvement

An area for improvement under the regulations was made in relation to the notification of events occurring in the nursing home and the governance arrangements for the reporting and recording of accidents/incidents.

	Regulations	Standards
Total number of areas for improvement	2	0

6.3.3 Records and record keeping

We reviewed four patients' care records and care charts regarding pressure area care, management of nutrition and weight loss, the admission process and the management of falls.

As stated previously in sections 4.0 and 6.2 two areas for improvement under the standards relating to risk assessment, care planning and contemporaneous record keeping were evidenced to be not met.

Review of four patient records evidenced that risk assessments and care plans were not consistently reviewed when there was a change in the patient's condition. For example, following a fall or when a patient's mobility declined and they were no longer mobile or when there were changes in risk assessments outcomes such as Braden; pressure damage risk assessment tool.

Reposition charts examined were not completed accurately and we were unable to ascertain from the records that care was delivered as prescribed within the patients' care plan. For example, gaps in recording position changes were evidenced of up to and including five hours and the details recorded did not specify the position the patient was moved from and to. However, despite the lack of evidence within the records reviewed RQIA were assured from discussion with patients and staff that pressure area care was being delivered and there was no evidence of the development of pressure ulcers on the day of the inspection. However, the lack of improvement in record keeping was concerning and there was a potential impact on the patients' pressure area care.

RQIA had raised these matters during two previous unannounced care inspections to Leabank on 17 January 2017 and 30 October 2017. We had also discussed the areas for improvements with the registered manager of the home during a meeting on 20 February 2018 where assurances were provided of compliance with these areas for improvement. Therefore, as previously discussed in sections 4.0 and 6.2 an improvement notice was issued in accordance with Standard 4 of the Care Standards for Nursing Homes.

We also reviewed a patient record in relation to the admission process. There was evidence that an assessment of the patient's nursing needs had been undertaken prior to the date of admission and this informed a comprehensive nursing assessment of needs completed on the day of inspection. Relevant risk assessments were also completed and these informed the care planning process which was completed in a timely manner.

In relation to records pertaining to the management of nutrition and weight loss these were evidenced to be generally well maintained. Staff were aware of patient's dietary needs and nutritional supplements. However, care plans were not always updated to reflect changes in recommendations from the dietician and speech and language therapist (SALT). Patient

weights were routinely recorded and there was evidence of action taken where a patient's weight loss was concerning. An area for improvement was made, under the care standards, to ensure that a record was made of the full date of when a patient's weight was taken to enable a more accurate calculation as to weight loss or gain over time.

Review of records also evidenced that staff had used white correction fluid to alter the staff duty rota and a nutritional risk assessment. An area for improvement under the care standards was made.

Areas for improvement

An area for improvement under the care standards was made in relation to the recording of patients' weights.

	Regulations	Standards
Total number of areas for improvement	0	2

6.3.4 Visits undertaken on behalf of the responsible persons

We asked to review the reports of quality monitoring visits undertaken on behalf of the responsible persons, in accordance with Regulation 29. Reports from October and November 2017 were not available for inspection. An area for improvement was made under the regulations.

Areas for improvement

An area for improvement under the regulations was made in relation to the availability of quality monitoring reports for inspection.

	Regulations	Standards
Total number of areas for improvement	1	0

6.3.5 Consultation with patients and staff

We spoke with eight patients individually. Patients responded in very positive terms regarding the staff and the delivery of their care. Comments made included:

"I'm happy"

"New manager... we see him everywhere"

"No worries, staff are caring and attentive".

Questionnaires for patient and relatives were left for distribution. None were returned by the time this report was issued.

We spoke with nine staff. Staff demonstrated an awareness of their role and responsibility. Nursing staff were knowledgeable regarding their patients' health and wellbeing.

Areas for improvement

No areas for improvement were identified.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with registered manager, David Ross, and regional manager, Christine Thompson, 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 DHSSPS 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 16</p> <p>Stated: Second time</p> <p>To be completed by: 30 April 2018</p>	<p>The registered person shall ensure that care plans are in place to manage the nursing needs of patients and that these are regularly reviewed to ensure they accurately reflect the needs of the patient.</p> <p>Ref: Section 6.2</p>
	<p>Response by registered person detailing the actions taken: All nurses have named residents and care files and risk assessments are being updated monthly, a list of residents are kept securely in the nurses station, and this is audited 3 times a week by the home manager or the deputy manager to ensure compliance. This will continue throughout the month .</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13(7)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required.</p>	<p>The registered person shall ensure that infection prevention and control practices are monitored to ensure staff adhere to regional IPC guidance in relation to:</p> <ul style="list-style-type: none"> - the storage of commode pots - the use and disposal of aprons and gloves - safe handling of body fluids - decontamination of patient equipment such as bedpans - effective hand washing techniques which require staff to be bear below the elbow. <p>Ref: Section 6.2 and 6.3.1</p>
	<p>Response by registered person detailing the actions taken: monitored reference infection control practices, hand hygiene audits, commode audits and PPE audits have been done on a regular basis, new commodes have been ordered. Infection control training has been done and is and is ongoing. Bed pan washers have been installed in the home also., and staff are being monitored on a daily basis reference, safe handling of bodily fluids, and infection control practices.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that events occurring in the home are notified to RQIA in accordance with Regulation 30.</p> <p>The four identified events should be notified retrospectively to RQIA as agreed.</p> <p>Ref: Section 6.3.2</p>
	<p>Response by registered person detailing the actions taken: The Home Manager and the Deputy Manager will do their daily walk round, each morning and gain information from staff, they will also</p>

	check accident books and communication books for any incidents that need reported to RQIA.
Area for improvement 4 Ref: Regulation 17 (1) Stated: First time To be completed by: 30 April 2018	The registered person shall ensure that the governance arrangements pertaining to the monitoring of accidents in the home and the completion of accidents records are robust and effective in detecting deficits such as non- notification to RQIA or the recording of clinical observations on the accident record. Ref: Section 6.3.2
	Response by registered person detailing the actions taken:
Area for improvement 5 Ref: Regulation 29 Stated: First time To be completed by: 30 April 2018	The registered person shall ensure that quality monitoring reports in accordance with Regulation 29 are available in the home. Ref: Section 6.3.4
	Response by registered person detailing the actions taken: home manager and deputy manager will monitor all accidents and incidents in the home, accident book will be checked each day to ensure correct procedures are being carried out, all trained staff have been informed that all documentation including clinical observations must be recorded in accident book and the resident's notes, and this will be audited each morning by the Home Manager or Deputy Manager, and nurses at the weekend.
Action required to ensure compliance with The Care Standards for Nursing Homes 2015	
Area for improvement 1 Ref: Standard 12.12 Stated: First time To be completed by: 30 April 2018	The registered person shall ensure that the full date of when a patient's weight is taken is recorded to enable a more accurate review of weight loss or gain over time. Ref: Section 6.3.3
	Response by registered person detailing the actions taken: this has been reviewed, and all files have been updated along with all risk assessments, it has been communicated throughout the staff team that risk assessments, must be updated monthly, and this is being audited along with the care plans, each month, by the home manager and deputy manager.
Area for improvement 2 Ref: Standard 37 Stated: First time To be completed by:	The registered person shall ensure that records are altered to enable the reader to view the previous entry in accordance with professional guidance and legislative requirements. White correction fluid must not be used on records. Ref: Section 6.3.3

30 April 2018	Response by registered person detailing the actions taken: This has been communicated to all staff about using correction fluid, and that all documentation, are legal documents, if a mistake is made cross out with one line write error and date and sign.
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Please ensure this document is completed in full and returned via Web Portal



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