

# Unannounced Enforcement Care Inspection Report 24 May 2018



## Leabank

**Type of Service: Nursing Home**  
**Address: 1 Beechwood Avenue, Ballycastle, BT54 6BL**  
**Tel No: 02820763392**  
**Inspector: Lyn Buckley**

[www.rqia.org.uk](http://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

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

### 4.0 Inspection summary

An unannounced inspection took place on 24 May 2018 from 10:30 to 13:30 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 sought to assess the level of compliance achieved in relation to an Improvement Notice (IN) issued following the findings of a previous care inspection on 23 February 2018. The areas identified for improvement and compliance with the standard were in relation to record keeping. The date of compliance with the notice was 12 April 2018. However, following an inspection on the 12 April 2018 evidence was not available to validate compliance with the IN and the decision was made to extend the IN by a further six weeks. The date of compliance with the extended notice was 24 May 2018.

The following Improvement Notice was issued by RQIA:

IN ref: IN/NH/1396/2017-18(01) issued on 5 March 2018.

Evidence was available to validate compliance with the Improvement Notice.

In addition we assessed the progress with the areas for improvement identified as a result of the unannounced care inspection on 23 February 2018 as detailed in the inspection report's Quality Improvement Plan (QIP). All areas of improvements in the QIP were assessed as met.

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 |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 0         |

This inspection resulted in no areas for improvement being identified.

Further 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 returned QIP from the previous care inspection
- the previous care inspection report
- the previous enforcement compliance care inspection report
- the Improvement Notice.

During the inspection the inspector greeted patients in small groups and spoke with eight staff and one patient's relative.

The following records were examined during the inspection:

- six patient care records
- three patients' care charts pertaining to repositioning
- records pertaining to accidents/incidents occurring in the nursing home
- staff training records
- governance records regarding accidents/incidents and infection prevention and control measures
- quality monitoring reports undertaken in accordance with regulation 29 of The Nursing Homes Regulation(Northern Ireland)2005 from 1 January to 23 May 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 regional manager, Christine Thompson and the deputy manager, Sinead Devine at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 12 April 2018

The most recent inspection of the home was an unannounced enforcement care inspection conducted on 12 April 2018. The QIP was validated during this inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 23 February 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><br><b>Ref:</b> Regulation 16<br><b>Stated:</b> Second time<br><b>To be completed by:</b> 30 April 2018                 | <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><b>Action taken as confirmed during the inspection:</b><br/>           Review of six patients' care records evidenced that this area for improvement has been met.</p>  | <b>Met</b>               |
| <b>Area for improvement 2</b><br><b>Ref:</b> Regulation 13 (7)<br><b>Stated:</b> First time<br><b>To be completed by:</b> Immediate action required. | <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"> <li>• The storage of commode pots</li> <li>• The use of disposable aprons and gloves</li> <li>• Safe handling of body fluids</li> <li>• Decontamination of patient equipment such as bedpans</li> <li>• Effective hand washing techniques which require staff to be bare below the elbow.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b><br/>           Review of governance arrangements and audit processes; discussion with the regional and deputy managers and observations evidenced that this area for improvement has been met.</p> |                          |

|   |  |                   |
|---|--|-------------------|
| <p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>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 as agreed.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b><br/>Discussion with the regional manager confirmed that a robust system was in place to audit and analyse accidents/incidents occurring in the home. This audit process also informed the monthly quality monitoring report.</p> <p>Review of events notified to RQIA and the home's record of accidents and incidents evidenced that this area for improvement had been met.</p>  | <p><b>Met</b></p> |
| <p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 17 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>30 April 2018</p>          | <p>The registered person shall ensure that the governance arrangements pertaining to the monitoring of accidents in the home and the completion of accident records are robust and effective in detecting deficits such as non-notification to RQIA or the recording of clinical observations on the accident record.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b><br/>Discussion with the regional manager and review of records evidenced that a robust system was in place to audit and analyse accidents/incidents occurring in the home and the actions taken by staff at the time and immediately following an accident or incident. This audit process also informed the monthly quality monitoring report.</p> | <p><b>Met</b></p> |
| <p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 29</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>30 April 2018</p>              | <p>The registered person shall ensure that quality monitoring reports, in accordance with Regulation 29, are available in the home.</p> <p>Ref: Section 6.1</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b><br/>Reports of the monthly quality monitoring visits from 1 January to 23 May 2018 were available in the home for inspection.</p>   | <p><b>Met</b></p> |

|   |  |  |
|---|--|--|
| <p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required.</p> | <p>The registered person shall ensure that the terminal clean of the home is effective and robust following the infectious outbreak in accordance with the regional IPC guidance and direction provided by PHA.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b><br/>Discussion with the regional manager, deputy manager and staff on duty; review of records and observation of the environment evidenced that this area for improvement had been met.</p>   | <p><b>Met</b></p>                      |
| <p><b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b></p>   |  | <p><b>Validation of compliance</b></p> |
| <p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 12.12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 April 2018</p>                 | <p>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.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b><br/>Review of six patient records evidenced that four out of six weight records had the full date recorded. Discussion with the deputy manager, nursing staff and review of an 'overview record' provided us with the date each patient was weighed for nutritional screening purposes. This area for improvement has been met.</p> | <p><b>Met</b></p>                      |
| <p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 37</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 April 2018.</p>                   | <p>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.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b><br/>Review of patient and management records evidenced that this area for improvement has been met.</p>   | <p><b>Met</b></p>                      |

### 6.3 Inspection findings

**IN Ref:** IN/NH/1396/2017-18(01)

**Notice of failure to comply with Standard 4 of The Care Standards for Nursing Home (DHSSPS April 2015).**

**Each resident's health, personal and social care needs are set out in an individual care plan which provides the basis of the care to be delivered and is re-evaluated in response to the resident's changing needs.**

In relation to this notice the following five actions were required to comply with this standard:

- The registered persons must ensure that care plans are reviewed and updated as necessary to reflect changes in a patient's assessed care needs.
- The registered persons must ensure that risk assessments are reviewed and updated as necessary when the assessed needs of a patient change.
- The registered person and the registered manager must ensure that repositioning charts are recorded accurately to reflect the frequency of repositioning as prescribed in the patient's care plan.
- The registered persons must ensure that repositioning charts are recorded to reflect the change of position.
- The registered persons must ensure that registered nurses evidence that they have reviewed the status of the patients' pressure areas for those at identified risk.

We reviewed six patients care records in relation to the management of pressure area care, pressure ulcers/wounds, and falls. In addition we also reviewed three patient's care charts pertaining to repositioning.

Risk assessments and care plans were in place to manage patients' assessed care needs. Risk assessment and care plans were evidenced to be reviewed/updated when the needs of a patient changed. For example, when a patient sustained a fall the falls risk assessment and the associated care plan were reviewed and updated to reflect the changes in need and to ensure the actions required were still relevant.

Care charts in respect of repositioning were recorded contemporaneously, evidenced the change of position and reflected the frequency of repositioning prescribed by nursing staff in each patient's care plan.

There was evidence recorded on care charts and within care records that nursing staff had reviewed and evaluated the effectiveness and delivery of the care.

Evidence was available to validate compliance with the Improvement Notice.



No further areas for improvement were identified at this inspection.

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

## 6.4 Conclusion

Evidence was available to validate compliance with the Improvement Notice.

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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