



The Regulation and  
Quality Improvement  
Authority

Leabank Private Nursing Home  
RQIA ID: 1396  
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Ballycastle  
BT54 6BL

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**Unannounced Care Inspection  
of  
Leabank Private Nursing Home**

**27 April 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 27 April 2015 from 11:00 to 15:15 hours. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

The focus of this inspection was continence management which was underpinned by selected criterion from DHSSPS Care Standards for Nursing Homes, April 2015:

Standard 4: Individualised Care and Support  
 Standard 6: Privacy, dignity and Personal Care  
 Standard 21: Health Care.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection 18 and 19 August 2014.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	2	1

The details of the QIP within this report were discussed with Mrs Christine Thompson, regional manager for the Macklin Group, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b>	<b>Registered Manager:</b> See below
<b>Person in Charge of the Home at the Time of Inspection:</b> Sinead Devine – acting manager	<b>Date Registered:</b> 26 January 2015
<b>Categories of Care:</b> NH-I, NH-PH and NH-DE Maximum of 2 patients in category NH-DE RC-I, RC-PH and RC-DE Maximum of 10 residents within RC- I and PH and a maximum of 2 residents in category RC-DE	<b>Number of Registered Places:</b> 52
<b>Number of Patients Accommodated on Day of Inspection:</b> Nursing 44 Residential 7	<b>Weekly Tariff at Time of Inspection:</b> £490-£613

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if selected criteria from the following standards have been met:

**Standard 4: Individualised Care and Support, criterion 4 and 8**

**Standard 6: Privacy, dignity and Personal Care, criterion 1,3,4,8 and 15**

**Standard 21: Health care, criterion 6, 7 and 11**

## 4. Methods/Process

Specific methods/processes used in this inspection include the following:

- discussion with the acting manager and regional manager
- discussion with patients –please note patients and residents will be referred to as patients throughout this report.
- discussion with staff
- review of care records
- observation during a tour of the premises
- evaluation and feedback.

Prior to inspection the following records were analysed:

- inspection report and QIP from the previous care inspection on 18 and 19 August 2014
- incident reports submitted in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005.

During the inspection, the inspector met with seven patients individually and with others in smaller groups, five nursing and care staff and two support staff.

The following records were examined during the inspection:

- management overview documents including care record audits
- quality questionnaire survey outcomes
- two patient care records.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced estates inspection dated 9 December 2014. The completed QIP was returned and approved by the estates inspector.

Since the inspection RQIA confirmed that progress had been made in addressing the requirements and recommendations made. Further follow up activity is planned by the estates inspector to confirm that the outstanding issues have been addressed.

### 5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 13(1) <b>Stated:</b> First time	It is required that the registered persons ensure that record keeping is accurate and reflective of patients/residents assessed needs and any guidance.	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of records evidenced that following the inspection in August 2014 staff meetings were conducted and records were reviewed and updated to make improvements. However, review of care records evidenced that these improvements had not been embedded into practice. Specific inspection findings were discussed with the regional manager.  Therefore, this requirement is partially met and is stated for a second time.	

<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 12(1) <b>Stated:</b> First time</p>	<p>It is required that the registered person ensures that the improvement plans regarding nutritional standards within the home are implemented to ensure patient/residents needs are met. Improvements in relation to the overall mealtime experience must also be included in the review and plan.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the catering manager, staff and patients; and observation of changes made to the dining room environment and the serving of the mid afternoon tea confirmed that improvements had been made. Therefore this requirement had been met.</p>	<p><b>Met</b></p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 17(1) <b>Stated:</b> First time</p>	<p>Following the implementation of the improvement plan to address identified deficits, the registered persons must ensure that the improvements/changes in practice are monitored on a regular basis to ensure that the improvements are embedded into practice.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the regional manager and review of management records evidenced that systems were in place to monitor standards within the home and to address any deficits identified as a result of monitoring or audit.</p>	<p><b>Met</b></p>
<p><b>Previous Inspection Recommendations</b></p>		<p><b>Validation of Compliance</b></p>
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 3.7 <b>Stated:</b> First time</p>	<p>It is recommended that pre admission assessments for patients are carried out by a registered nurse employed by the home</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Review of records and discussion with the regional manager confirmed that this recommendation had been met.</p>	<p><b>Met</b></p>

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 12.3 <b>Stated:</b> First time</p>	<p>It is recommended that the provision for patients requiring a modified diet, including the provision of snacks, should be reviewed to ensure variety and availability of choice is maintained.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b> Discussion with the catering manager, staff and patients; and observation of and the serving of the mid afternoon tea confirmed that this recommendation had been met.</p>		
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 5.6 <b>Stated:</b> First time</p>	<p>In relation to the monitoring enteral feeding plans a recommendation is made to consider the type of information recorded on intake charts. The record should enable registered nurses to determine if the feed is 'running' to plan and the delivery of the feed is accurate.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b> At the time of this inspection there were no patients requiring enteral feeding. However, discussion with the regional manager and registered nurses confirmed that changes had been made following the last inspection to ensure this recommendation was met.</p>		

## 5.3 Continence management

### Is Care Safe? (Quality of Life)

Policies and procedures were in place to guide staff regarding the management of continence.

A resource file on the management of continence/incontinence had been developed and was available for staff. The file included regional and national guidelines for the management of urinary catheters), constipation (RCN and NICE) and information on improving continence care.

Staff were knowledgeable about the important aspects of continence care including the importance of dignity, privacy and respect as well as skincare, hydration and reporting of any concerns.

Discussion confirmed that there were a number of registered nurses trained and competent in urinary catheterisation. In addition there was support, and training opportunities from the local health and social care trust, if staff required an update in their training of catheterisation.

Observation during the inspection evidenced that there were adequate stocks of continence products available in the nursing home.

### Is Care Effective? (Quality of Management)

Review of two patients' care records evidenced that an assessment of the patient's bladder and bowel function was undertaken at the time of admission to the home and reviewed regularly. This assessment identified the patient's individual continence needs. A care plan was in place to adequately meet the needs of the patients. However, concerns regarding the care planning process and care records in general were raised and discussed in detail with the regional manager. A requirement issued previously in August 2014 has been stated for a second time; refer to section 5.2(requirement 1).

There was evidence in the patients' care records that assessments and continence care plans were reviewed and updated on a monthly basis.

The promotion of continence, skin care, fluid requirements and patients' dignity were addressed in the care plans inspected.

Urinalysis was undertaken as required and patients were referred to their GPs appropriately.

The management of urinary catheters was reviewed. The frequency with which catheters were required to be changed was recorded in the care plan. However, clarity around specific care planning is needed. For example, care plans for the management of urinary catheters included care planning for the management of infection and antibiotic history. Concerns were raised that care plans, in general, were not clear due to information being added to the original care plan that was not always relevant. The 'added' information should have been recorded and developed in a separate care plan. A recommendation is made.

Review of patient's care records evidenced that patients and/or their representatives were informed of changes to patient need and/or condition and the action taken.

## Is Care Compassionate? (Quality of Care)

Discussion with the registered manager confirmed where patients, or their families, have a personal preference for the gender of the staff providing intimate care their wishes would be respected. Arrangements were in place for the deployment of staff, if required, to ensure that patients' wishes were adhered to.

Staff were observed to attend to patient's continence needs in a dignified and personal manner.

Patients spoken with confirmed that they were treated with dignity and respect, that staff were polite and respectful and that their needs were met in a timely manner. Good relationships were evident between patients and staff.

### Areas for Improvement

Two areas for improvement were identified in relation to record keeping and care planning.

<b>Number of Requirements</b>	<b>1</b>	<b>Number Recommendations:</b>	<b>1</b>
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## 5.4 Additional Areas Examined

### Environment

A general inspection of the home's environment evidenced that the home was spotlessly clean, with a good standard of décor throughout.

Patients were observed relaxing in either the lounge or their own bedroom as they wished. Staff were observed attended to calls for assistance promptly and were heard addressing patients in an appropriate manner.

Sluice rooms on both rooms were observed to have chemicals such as 'actichlor' available for staff to use when cleaning equipment. Observation of staff cleaning a commode evidenced good practice. However, chemicals were not stored in accordance with COSHH guidance. The regional manager agreed to address this matter as a matter of urgency.

### Areas for Improvement

A requirement is made regarding the management of cleaning chemicals within sluices.

<b>Number of Requirements</b>	<b>1</b>	<b>Number Recommendations:</b>	<b>0</b>
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### Management arrangements

RQIA approved the position of acting manager for registered nurse Sinead Devine on 26 January 2015. Ms Devine is supported in her role as acting manager by the organisation's regional manager, Mrs Christine Thompson.

During discussion Mrs Thompson confirmed that the recruitment of a permanent manager was ongoing and that RQIA would be informed once a decision had been made and the position accepted.

## 6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Christine Thompson, regional manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Nursing Homes regulations (Northern Ireland) 2005.

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to [Nursing.Team@rqia.org.uk](mailto:Nursing.Team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan			
<b>Statutory Requirements</b>			
<b>Requirement 1</b>  Ref: Regulation 13(1) <b>Stated:</b> Second time <b>To be Completed by:</b> 30 June 2015	It is required that the registered persons ensure that record keeping is accurate and reflective of patients/residents assessed needs and any guidance.		
	<b>Response by Registered Manager Detailing the Actions Taken:</b> Nursing staff have been advised to update care plans that were inaccurate and not reflecting patient's needs clearly. Training on documentation took place 2 <sup>nd</sup> July 2015. Additionally documentation for each resident has been updated and now in place.		
<b>Requirement 2</b>  Ref: Regulation 14 (4) <b>Stated:</b> First time <b>To be Completed by:</b> 31 May 2015	The registered person must ensure that chemicals for use in the home are stored in accordance with COSHH guidance.		
	<b>Response by Registered Manager Detailing the Actions Taken:</b> Appropriate cupboards have been secured for storing chemicals as per COSHH guidance.		
<b>Recommendations</b>			
<b>Recommendation 1</b>  Ref: Standard 4 <b>Stated:</b> First time  <b>To be Completed by:</b> 30 June 2015	Each care plan should contain relevant and current information. Care plans should not be 'added' to when a patients care needs change but reviewed and rewritten as needs change.		
	This should ensure that care plans reflect the patient's assessed needs and clearly directs care.		
	<b>Response by Registered Manager Detailing the Actions Taken:</b> Nursing staff have been advised to update care plans that were inaccurate and not reflecting patient's needs clearly. Training on documentation completed 2nd July 2015.		
<b>Registered Manager Completing QIP</b>	<i>Sinead Devine</i> SINEAD DEVINE	<b>Date Completed</b>	07/07/15
<b>Registered Person Approving QIP</b>	<i>M. Mackel</i>	<b>Date Approved</b>	10/7/15
<b>RQIA Inspector Assessing Response</b>		<b>Date Approved</b>	

\*Please ensure the QIP is completed in full and returned to [Nursing.Team@rqia.org.uk](mailto:Nursing.Team@rqia.org.uk) from the authorised email address\*



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<b>RQIA Inspector Assessing Response</b>	Lyn Buckley	<b>Date Approved</b>	21/07/15
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