

Unannounced Care Inspection Report

29 April 2021



Leabank

Type of Service: Nursing Home

Address: 1 Beechwood Avenue, Ballycastle, BT54 6BL

Tel No: 028 2076 3392

Inspector: Gillilan Dowds and Julie Palmer

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 from their responsibility for maintaining compliance with legislation, standards and best practice.

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.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 53 persons.

3.0 Service details

Organisation/Registered Provider: Leabank Responsible Individual(s): Brian Macklin Mary Macklin	Registered Manager and date registered: Tracy O'Neill – registration pending
Person in charge at the time of inspection: Tracy O'Neill	Number of registered places: 53 A maximum of 9 patients in category NH-DE. There shall be a maximum of 1 named resident receiving residential care in category RC-I.
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: 52

4.0 Inspection summary

An unannounced inspection took place on 29 April 2021 from 06.30 to 15.00 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

RQIA received intelligence which raised concerns in relation to care delivery and staffing levels in the home. In response to this information RQIA decided to undertake an inspection.

It is not the remit of RQIA to investigate whistleblowing made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during the inspection:

- staffing
- personal protective equipment (PPE)
- the internal environment
- care delivery
- care records
- governance and management arrangements.

Patients spoke positively about their experience in Leabank Nursing Home.

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	*4

*The total areas for improvement includes one within the standards which has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Tracy O'Neill, Manager as part of the inspection process. The timescales for completion commence from the date of 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 the inspector met with seven patients, two patients' relatives and 10 staff. Questionnaires were left in the home to obtain feedback from patients and patients' relatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Tell us' cards to allow patients and their representatives who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. No responses were received.

We spoke with one visiting professional to the home who was complimentary with regard to her visits to the home and staff.

The following records were examined during the inspection:

- duty rotas from 19 April 2021 to 2 May 2021
- staff training records
- staff supervision schedule
- two staff recruitment files
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC)
- COVID-19 information file
- a selection of governance audits

- monthly quality monitoring reports
- complaints and compliments records
- incident and accident records
- three patients' care records including repositioning records, food and fluid intake charts
- staff nurse competency assessment
- RQIA registration certificate.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met and one area for improvement was partially 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 previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 31 July 2021.

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 4 Stated: Second time	The registered person shall ensure that the wound care records are accurately maintained and reflect the prescribed wound care and treatment. The registered nurse should record a meaningful evaluation of the delivery of wound care.	Met
	Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was met.	

Area for improvement 2 Ref: Standard 12 Stated: First time	<p>The registered person shall ensure that that patient care records in respect to the care of gastrostomy tubes are:</p> <ul style="list-style-type: none">• reflective of the current advice from other health professionals• reflective of the current total fluid intake requirement• evaluated to reflect all care given.	Partially met
	<p>Action taken as confirmed during the inspection: Records reviewed evidenced that all the care provided was not fully documented. This will be discussed further in section 6.2.5.</p>	
Area for improvement 3 Ref: Standard 12 Stated: First time	<p>The registered person shall ensure weights are monitored at least monthly and MUST assessments calculated accordingly.</p>	Met
	<p>Action taken as confirmed during the inspection: Records reviewed evidenced that this area for improvement was met.</p>	
Area for improvement 4 Ref: Standard 4 Stated: First time	<p>The registered person shall ensure that the care plans in place for the management of distressed reactions contain sufficient detail to direct the required care.</p>	Met
	<p>Action taken as confirmed during the inspection: Records reviewed evidenced that this area for improvement was met.</p>	
Area for improvement 5 Ref: Standard 35 Stated: First time	<p>The registered person shall ensure that when a deficit is identified through the auditing process, an action plan is developed and any corresponding actions taken clearly documented.</p>	Met
	<p>Action taken as confirmed during the inspection: Records reviewed evidenced that this area for improvement was met.</p>	

6.2 Inspection findings

6.2.1 Staffing

The manager told us that planned daily staffing levels were subject to regular review to ensure that the assessed needs of patients were met. On the day of the inspection we observed that staffing levels were satisfactory and patients' needs were met by the levels and skill mix of staff on duty. The atmosphere in the home was calm and unhurried. Patients spoken with indicated that they were satisfied with staffing levels in the home. Staff were mostly satisfied with staffing levels, one staff member discussed that staffing levels had previously not been consistent due to sickness, however, a system was in place to aim to cover shifts. All comments were passed to the manager to address as necessary.

There was a system in place to monitor compliance with mandatory training and staff were reminded when training was to be completed. However we observed that for some staff had not received training in dementia. Through discussion with staff we identified a lack of understanding of Deprivation of Liberty Safeguards. This was discussed with the manager and an area for improvement was identified.

Review of two staff recruitment records evidenced that the necessary checks were completed prior to staff commencing work in the home and their induction was completed.

There was a system in place to monitor that staff were registered with the NISCC and NMC as required.

Staff spoken with commented positively about working in the home, they told us that teamwork was good and they felt well supported in their role even with the additional challenges that have arisen from the COVID-19 pandemic; comments included:

- "Everyone is like a family here."
- "We have a very good team. I enjoy my work it is very rewarding."
- "We get on good when we are fully staffed."
- "Teamwork is good."
- "Things have definitely improved lately."
- "Good access to Tracy (manager)."
- "I love it the nurses are great."

6.2.2 Personal protective equipment (PPE)

Signage had been put up at the entrance to the home to reflect the current guidance on COVID-19. PPE was readily available; a PPE station had been set up at the entrance enabling anyone entering to carry out hand hygiene and put on the recommended PPE. All visitors had a temperature check on arrival at the home. Staff told us that the home had plenty of PPE available and stocks were regularly replenished. PPE stations were found to be well stocked throughout the home.

We observed that staff carried out hand hygiene at appropriate times. Staff were observed to use PPE in accordance with the regional guidance.

The manager told us that staffs' use of PPE and hand hygiene was monitored through observations and audits. Staff confirmed that they had received training in the use of PPE.

6.2.3 The environment

We reviewed the home's environment; this included observations of a sample of bedrooms, bathrooms, lounges, dining rooms, treatment rooms, sluices and storage areas. The home was clean, tidy and fresh smelling throughout. Corridors and fire exits were clear of obstruction. We observed two shower chairs that had not been effectively cleaned following use; the manager agreed to address this.

The manager told us that there was a system in place to ensure that frequently touched points, for example light switches and door handles, were cleaned regularly over the 24 hour period and deep cleaning was completed as required in addition to the regular cleaning schedule.

6.2.4 Care delivery

Patients looked well cared for and were seen to be content and settled in their surroundings and in their interactions with staff. Staff spoke to patients kindly and with respect.

The manager advised us that visiting was facilitated in accordance with the guidance. Visitors book appointments, staff meet them on arrival, assist with PPE and IPC measures and take them to the allocated visiting area. They also assist patients with window visits, virtual visiting and telephone calls.

The manager advised us that they also had 19 care partners in the home who had risk assessments in place in keeping with the regional guidance.

Patients' spoken to told us they were well looked after and staff were friendly;

- "You just have to ask the staff are very helpful."
- "I like it here no problems at all."
- "They are all very helpful, not a bother."
- "It's good I like it here."
- "Aye, I like it they are very good."
- "It's very good, I am alright pet."

6.2.5 Care records

We reviewed three patients' care records which evidenced that individualised care plans had been developed to reflect the assessed needs and direct the care required. Care records contained details of the specific care requirements in the areas reviewed and a daily record was maintained to evidence the delivery of care.

There was evidence of referral to, and recommendations from, other healthcare professionals such as the dietician, speech and language therapist (SLT) and tissue viability nurse (TVN) where necessary.

Patients' weights were recorded on at least a monthly basis and the Malnutrition Universal Screening Tool (MUST) was updated. We evidenced that referrals were made to the appropriate healthcare professionals if weight loss occurred and recommendations regarding, for example, prescribed supplements, were recorded. Food and fluid intake records reviewed were up to date.

A review of the wound care documentation evidenced that these records were accurately maintained and updated.

Records for one patient who required assistance with their repositioning were reviewed; we observed gaps in the recording of the repositioning. We observed some of the charts had not been dated and one did not have the patient's name on it. An area for improvement was identified.

We reviewed the care records for a patient with a gastrostomy tube. We observed that the patient's care plan had been updated to reflect the current gastrostomy management regime. The evaluation of care did not fully reflect the detail of the care given and the mouth care to be given was not consistently documented. This was discussed with the manager as part of the feedback at the end of the inspection and area for improvement was partially met and therefore stated for a second time.

We reviewed the records in place for a patient who required a urinary catheter. We observed a care plan in place to direct the care the patient's fluid intake was recorded but no record of the urinary output was maintained. This was discussed with the manager and an area for improvement was identified.

6.2.6 Governance and management arrangements

We reviewed a sample of governance audits including those focused on infection prevention and control and hand hygiene. Audits were in place to monitor the quality of the service provided. Where deficits were identified an action plan was developed to ensure improvements made.

There was a system in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies. We further discussed with the manager what was required to be notified to RQIA under Regulation 30.

Staff spoken to told us they felt supported in their role and that the manager was approachable.

We reviewed a sample of the monthly monitoring reports; the reports were detailed and included an action plan for any deficits identified. There was evidence of consultation with patients, staff and some relatives and the manager advised us that further development of consultation with relatives had already been identified as needed. Progression with this will be reviewed at the next inspection.

Areas of good practice

Areas of good practice were identified in relation to staff knowledge of their patients. We observed positive interactions between staff and patients and the visiting arrangements in the home.

Areas for improvement

Areas for improvement were identified in relation to staff training, contemporaneous recording of patient repositioning and fluid balance recording for those patients with a urinary catheter.

	Regulations	Standards
Total number of areas for improvement	0	3

6.3 Conclusion

During the inspection we observed positive interactions between patients and staff. Patients were observed to be well cared for, content and settled. Staffing levels were satisfactory and staff advised they felt well supported in their role.

The environment was observed to be clean. PPE and handwashing facilities were available throughout the home.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Tracy O'Neill, Manager, 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 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

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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 12 Stated: Second time To be completed by: 1 July 2021	The registered person shall ensure that patient care records in respect to the care of gastrostomy tubes are: <ul style="list-style-type: none"> • reflective of the current advice from other health professionals • reflective of the current total fluid intake requirement • evaluated to reflect all care given. Ref: 6.1 and 6.2.5
	Response by registered person detailing the actions taken: Care plan has been rewritten outlining daily fluid target, the equipment to be used, daily clean and checks, weekly rotation of tube and refilling of balloon as per MDT. New weekly audit created to ensure all care is delivered as outlined in care plans. Total fluid intake monitored and recorded daily as per dietician. Care plans evaluated monthly .
Area for improvement 2 Ref: Standard 39 Stated: First time To be completed by: 1 August 2021	The registered person shall ensure staff receive training in dementia care and also Deprivation of Liberty Safeguards and that this training is embedded into practice. Ref: 6.2.1
	Response by registered person detailing the actions taken: All staff are completing updates online for dementia care and deprivation of liberty. Staff supervisions ongoing to ensure knowledge is embedded into practice. Face to face dementia training has commenced and remains ongoing.
Area for improvement 3 Ref: Standard 4 Stated: First time To be completed by: 1 July 2021	The registered person shall ensure that when a patient requires to be repositioned these records are contemporaneously maintained. Ref: 6.2.5
	Response by registered person detailing the actions taken: Management continue to implement daily spot checks to ensure records are maintained at the point of delivery.

Area for improvement 4 Ref: Standard 4 Stated: First time To be completed by: 1 July 2021	The registered person shall ensure when a urinary catheter is in use an accurate fluid balance is recorded, reviewed and evaluated daily by the registered nurses. Ref: 6.2.5 Response by registered person detailing the actions taken: All patients with an indwelling catheter have their output recorded in fluid balance chart and added to daily progress notes.
---	--

Please ensure this document is completed in full and returned via Web Portal



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care